



### Artist's Application/Agreement for *Architecture as Art* Exhibition at the Doctors House Museum

Thank you for submitting your artwork to The Glendale Historical Society (TGHS) for the purposes of exhibition at the Doctors House Museum and fundraising for the museum. *Architecture as Art* will run from June 4 – November 26, 2023. All pieces of donated artwork must be delivered to the Doctors House between the hours of 2 and 4 pm on either May 7 or May 21, unless alternative arrangements have been made. Please contact Museum Director Laura Crook, prior to submission at [Laura.Crook@GlendaleHistorical.org](mailto:Laura.Crook@GlendaleHistorical.org) or (818)669-6486 to discuss potential subject matter, medium, scale, and transport. Please include an artist resume along with submission. Please complete the following:

- Name of Artist (Legal and alias if applicable): \_\_\_\_\_
- Name of Landmark: \_\_\_\_\_
- Name of Piece donated: \_\_\_\_\_
- Artist's statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Medium: \_\_\_\_\_
- Dimensions: \_\_\_\_\_
- Artist's assessed value: \_\_\_\_\_ Artist's suggested sale price: \_\_\_\_\_
- Artist's suggested starting bid price: \_\_\_\_\_ Artist's phone number: \_\_\_\_\_
- Artist's email: \_\_\_\_\_
- Artist's address: \_\_\_\_\_
- Artist's website: \_\_\_\_\_
- Artist's social media: \_\_\_\_\_

Submissions are donations that will be used to raise funds for the museum and will be sold to the public. By signing below, you agree to the following terms and conditions:

I represent that I am the sole creator and sole owner of the donated artwork and that I have the right to donate this artwork to The Glendale Historical Society.

I understand that I am giving this artwork to The Glendale Historical Society as a donation for fundraising purposes, and that I am conveying to TGHS the sole right to sell it and retain all proceeds from its sale.

I understand that I will be credited by name for my original artwork.

I understand that TGHS may copy or reproduce the donated artwork by photographic, electronic or other means for promotional, marketing or any other purpose as it determines in its sole discretion.

I understand that TGHS reserves the right to display or not to display my donation.

I understand that TGHS reserves the right to sell or not sell my donation.

I understand that should my donation not be displayed or sold, TGHS reserves the right to retain it for other purposes in perpetuity.

Artist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctors House Museum Director, Laura Crook: \_\_\_\_\_ Date: \_\_\_\_\_