



## Members' Salon 2020

Exhibition Dates: Nov. 19, 2020– Jan. 16, 2021  
Opening Reception: Nov. 19 from 5 – 7 pm  
Artwork Drop-off: Museum Hours Nov. 3 – 14, 2020  
Artwork Pick-up: Museum Hours Jan. 26 – Feb. 6, 2021

**Eligibility:** The Hockaday Museum of Art invites all artist members to participate in *Members' Salon 2020* exhibition. Museum memberships must be current. Current members may participate by returning this form filled in, 100-word artist statement and a \$20 fee no later than **October 1**. Mail in, drop off or email to [curator@hockadaymuseum.org](mailto:curator@hockadaymuseum.org), attention *Members' Salon 2020*.

**Accepted Works:** *One piece of artwork* in any media will be accepted per member. Artwork MUST BE ready to hang by wire or D-rings; no toothed hanging clips! Any other hanging apparatus must have Museum approval before the artwork is dropped off. Art size limitations: 2- dimensional works: 32"H X 28"W (896 square inches) or 3- dimensional works: 32"H X 28"W X 32"D. All artwork shall have been created in the past 12 months. Artwork may be offered for sale with 60% of sale price paid to the artist and 40% retained by the Museum.

- **The *Members' Salon* will feature a People's Choice Award for first, second and third prizes. Voting opens to the public beginning at the Opening Reception. Voting ends on Dec. 12, 2020.**
- **Awards: First Place: \$250, Second Place: \$100, Third Place: \$50**

**ATTACH LABEL BELOW TO BACK OF ART or mark artwork with all information.  
DO NOT DELIVER UNMARKED ARTWORK.**

Artist Name: \_\_\_\_\_  
Title of Work: \_\_\_\_\_  
Medium: \_\_\_\_\_  
Size: \_\_\_" height X \_\_\_" width X \_\_\_" depth \_\_\_\_\_  
Price: \_\_\_\_\_

## 2020 Members' Salon Entry Form

Please return this form and \$20 payment before October 1 to:  
Hockaday Museum of Art, 302 2nd Ave E, Kalispell MT 59901/  
[curator@hockadaymuseum.org](mailto:curator@hockadaymuseum.org) For more information or to check on membership, please  
call 406-755-5268.

Artist Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Artist Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_