CONTACT INFORMATION

Legal name of individual artist (last, first): _____

Preferred name: _____

Preferred pronouns: _____

Street address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary phone: _____

Website: _____

E-mail: _____

CATEGORY (Please check all disciplines that apply)

_____ Sculpture
_____ Textiles
_____ Glassworks
_____ Constructions
_____ Painting
_____ Photography
_____ Multimedia
_____ Ceramics
_____ Video
_____ Murals
_____ Mosaics
_____ Works on Paper
_____ Installation

DATA COLLECTION

Chicago Public Library is committed to working with artists who represent a broad range of cultural backgrounds. We do not discriminate on the basis of race, gender, ability or religion.

Gender (select all that apply):

_____ Man
_____ Woman
_____ Nonbinary
_____ Transgender
_____ I prefer not to answer

Cultural Identity (select all that apply):

_____ Native American
_____ Asian / Pacific Islander
_____ African American
_____ Hispanic
_____ Caucasian (white / non-Hispanic)
_____ Other, please specify _____
_____ I prefer not to answer

Date of Birth: _____

_____ I am interested in exhibiting at the Harold Washington Library Center and would like to be added to the Library's exhibits list for future open calls and curated exhibit.