Maui Crafts Guild Application Form	Date
Name	
CONTACT NO.: MAILING ADDRESS:	
E-MAIL ADDRESS: MEDIA:	
* Please describe the items you would like to	
* Do you currently have items in shops or par on Maui or elsewhere? [] Yes [] No	
Please list galleries/shops/programs where you in the last 24 months and current contact information of the contact information o	
1	
2	
3	
* How long have you lived on Maui? * How long have you been working in your ch * Are you: [] self-taught [] formally trained? [] combination?	nosen medium?
* Who produces the work you are offering for [] All of the work is done by you.	consideration?
[] Some of the work is done by apprentices. (What percentage of work is done by apprenti [] Some of the work is done by hired help.	ces?%)
(What percentage of work is done by hired he * Is any of your work done off-island? [] Yes If "yes," what are your reasons for sending the	[] No
* Have you ever been a member of a cooperat	ive?
What do you think/feel/know about being a m	ember of a cooperative

business?	
What special skills (if any) would you be willing to contribute trunning of the Guild?	o the