

# 2025 PCAAS MEMBERSHIP REGISTRATION

Welcome to the Peggy's Cove Area Art Society. We are pleased to have you join our membership!

Please complete the required fields in this registration form. Please send your cheque for registration fees to Bob McCuaig, P.O. Box 204, Hubbards, NS, B0J 1T0.

If you have any questions about registration or payment of fees, please contact our registrar, Shelly Simpson, at 902-824-0337.

\* Indicates required question

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## TYPES OF MEMBERSHIP

### Regular Membership 2025 – \$40 Annual Fee

- Artist, non-artist or single-artist gallery
- Multi-artist group or gallery not participating the Studio Tour
- May reside within or outside the catchment area

### Studio Tour 2025 – \$100 Annual Fee

- Artist or single-artist gallery
- Must reside within the catchment area
- Participation in the Studio Tour and individual listing in the year-round Halifax Art Map included

### Group/Gallery 2025 – \$160 Annual Fee

- Multi-artist group or Gallery representing more than one artist
- Group or Gallery must be located within the catchment area
- Participation in the Studio Tour and group listing in the year-round Halifax Art Map included

1. Which type of membership are you registering for? \*

*Mark only one oval.*

- Regular Membership
- Studio Tour
- Group/Gallery

### CONTACT INFORMATION

Please complete the following whether you are an **individual member** or the **contact person** for a group or gallery.

2. Last Name \*

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3. First Name \*

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4. Studio, Gallery or Group Name (optional)

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5. Email for individual member or contact person for art group/gallery. \*

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6. Phone number for individual member or contact person for art group/gallery. \*

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7. Mailing address for individual member or contact person for art group/gallery. \*

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8. Community (e.g. Seabright) \*

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9. Postal Code \*

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**2025 STUDIO TOUR**

10. Do you plan to participate in the 2025 Studio Tour? \*

*Mark only one oval.*

Yes

No *Skip to question 28*

*Skip to question 28*

**STUDIO TOUR**

Please provide the address for your **STUDIO TOUR LOCATION**.

11. Location, if applicable (e.g. St. Luke's Church, Lower Hall)

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12. Address of STUDIO TOUR LOCATION.

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13. Community (e.g. Upper Tantallon)

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14. Postal Code

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15. If you do **NOT** wish your telephone number, email address, or home address to be included in the print and online Studio Tour Guides, please indicate below. If you leave this section blank, we will assume that it is ok to publish this contact information.

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If you have a website or social media **promoting your art**, please provide details.

16. Website

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17. Facebook

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18. Instagram

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19. Other social media

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20. Wheelchair Accessibility: Will your location be wheelchair accessible? \*

*Mark only one oval.*

Yes

No

21. **DESCRIPTION** of art to be exhibited (200-character maximum).

**For Individual Members** this field is to describe your art. Please write in the third person.

**For Multi-artist Groups/Galleries** this field is to describe the types of artwork exhibited by your group and should not include names of artists.

If you would like to use the same description as last year, please indicate “no change”.

Examples of what a description of work might look like is offered on our website using [this link](#).

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22. **BIOGRAPHY** (450-character maximum).

**For Regular Members** this field is to provide a story about you as an artist and learn about your career credentials. Please write in the third person.

**For Multi-artist Groups/Galleries** this field is to provide some background about your group/galley.

Please do not include the names of artists.

If you would like to use the same bio as last year, please indicate “no change”.

Examples of what a bio might look like are offered on [our website](#) as guidance only – feel free to express yourselves in your own words.

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23. TAGS: Please select up to five tags from the list below which apply to your art.

*Check all that apply.*

- abstract
- acrylic
- clay/pottery
- drawing
- fibre
- fine art & craft
- folk art
- functional
- glass
- leather
- miniatures
- mixed media
- oils
- painting
- pastels
- photography
- sculpture
- wood
- watercolour

24. Please check the statements that apply to your studio/gallery **during Studio Tour Weekend**.

*Check all that apply.*

- Open Friday, July 18th, 2025
- Open Saturday, July 19th, 2025
- Open Sunday, July 20th, 2025

25. Please CHECK ONE of the following as it applies to your studio/gallery, **during the remainder of the year.**

*Mark only one oval.*

- Year-round enquiries welcome.
- Year-round open seasonally.
- Year-round open daily.

26. Should you have specific, posted operating hours, please indicate below.

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**ART IMAGES:** After you submit this registration, you will be emailed a link where you may submit up to five good quality images representative of the art that will be exhibited at your Studio Tour location. If you have any questions about how to do this, please contact [ceciliahumphrey@creativecapture.ca](mailto:ceciliahumphrey@creativecapture.ca) (Cecilia Humphrey) or call her at 403-689-4053.

27. Do you give permission for your art images to be used by the Peggy's Cove Area Art Society for promotion and marketing?

*Mark only one oval.*

- Yes
- No

## **VOLUNTEERING AND MENTORING**



28. **Volunteering:** The PCAAS Society asks each member to commit to **at least one** **volunteer task** in support for its programs. We have made this easy to do with an online list of where we need help. Please use the link below to select a task that you feel comfortable offering. The link will open to a new page. When you have selected one or more tasks, close the webpage and this registration page will remain open so that you can complete and submit the registration. \*

[Many Hands Make Light Work](#)

*Check all that apply.*

I have reviewed the task list and selected at least one.

29. **Mentoring:** If you are a new member, would you like a seasoned member to contact you and chat about the ways you can be involved in the PCAAS? This "mentor" would be happy to answer any questions you might have. \*

More about Mentorship [here](#).

*Mark only one oval.*

Yes

No

30. **Mentorship:** Would you like to be a "mentor" to new members? In this role, you would be given the name(s) of a new member and asked to contact him/her to tell them about the PCAAS and answer any questions they might have about the PCAAS. \*

More about Mentorship [here](#).

*Mark only one oval.*

Yes

No