



**ONTARIO ASSOCIATION OF ART GALLERIES**

111 Peter Street, Suite 617, Toronto ON M5V 2H1

Phone: (416) 598-0714 Fax: (416) 598-4128

Email: [oaag@oaag.org](mailto:oaag@oaag.org) Web Site: [www.oaag.org](http://www.oaag.org)

Charitable Business Number 10779 6690 RR0001

## **OAAG Membership Application for Businesses**

### **OAAG's Vision**

To be a vital and effective advocate for Ontario's dynamic public art galleries, serving and representing our members across the province as valued and essential centres of art and learning.

### **OAAG's Mission**

- To serve and represent Ontario's public art galleries as valued, essential, cultural and educational resources.
- To actively advocate for Ontario's public art galleries.
- To promote dialogue and collaboration among OAAG members.
- To build and support responsive relationships between Ontario's public art galleries and the public, volunteers, cultural trustees, artists, granting agencies, government and media.
- To encourage the highest standards for the care, preservation and presentation of the visual arts within Ontario's public art galleries.
- To promote art gallery and cultural work as valuable professions.
- To recognize and celebrate excellence in the work of Ontario's public art galleries.



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**DESIGNATED REPRESENTATIVE**

**Organization:** \_\_\_\_\_

Forms are downloadable on [www.oaag.org](http://www.oaag.org)

Institutional members of OAAG are required to appoint a Designated Representative each year. This representative should be the Director or a senior staff member who deals with the operation of your institution on a daily basis. The appointee acts as your institution's liaison with OAAG, votes on your behalf at member meetings, receives all mailings and is contacted regarding membership matters.

Your Director appoints the following individual as Designated Representative this year:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

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**Director's Signature**

**Date**



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**DIRECTORY LISTING**

**Organization:** \_\_\_\_\_

Forms are downloadable on [www.oaag.org](http://www.oaag.org)

OAAG's Directory is a valuable resource for directors, curators, arts administrators, educators, artists, and the general public. It is published on [www.oaag.org/directory](http://www.oaag.org/directory). OAAG strives to make the Directory available in English and French. Please provide corresponding English or French information if applicable to your organization.

My online Directory listing at [www.oaag.org/directory](http://www.oaag.org/directory) is:

is up-to-date                       needs the following changes as indicated below

Organization Name: \_\_\_\_\_

Unit & Street: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Up to Four Contacts including OAAG representative if not above:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Short Description of Organization (75 words max.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NEW!** Keywords (5 max.):

\_\_\_\_\_

\_\_\_\_\_  
**Director's Signature**

\_\_\_\_\_  
**Date**



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**RECIPROCAL BENEFITS**

**Organization:** \_\_\_\_\_

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The coordination of reciprocal discounts is one of the many benefits offered by OAAG to its members. This benefit is conditional upon the consent of the member institutions. Participating OAAG Businesses Members can grant discounts on their services, publications and/or in their gallery shop to OAAG members, and members and/or staff of other participating organizations. The listing is available at [www.oaag.org/membership/reciprocal.html](http://www.oaag.org/membership/reciprocal.html).

**Yes**, our organization wishes to participate in the reciprocal discount agreement among OAAG members.

**No**, our organization does **not** wish to participate in the reciprocal discount agreement among OAAG members.

**We will offer a \_\_\_\_\_ % discount on our**

services (list specifics if applicable e.g. art rental, restaurant: \_\_\_\_\_)

publications (list specifics publications if applicable: \_\_\_\_\_)

gallery shop (list specifics publications if applicable: \_\_\_\_\_)

Person to contact regarding reciprocal benefits privileges:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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**Signature**

**Date**