McA2 Creative Incubator Application
Please type or write legibly in black ink. This application can be e-mailed in a Word document upon request.

Date: _____

Name: _____

Please check one: ☐ Male ☐ Female Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone:_____ E-Mail: _____

Social Security Number: _____ Driver License Number: _____

Discipline (please check appropriate box)

☐ Painter ☐ Sculptor ☐ Actor ☐ Writer ☐ Musician ☐ Photographer
☐ Graphic Designer ☐ Organization ☐ Drawing Specialist ☐ Computer Programmer
☐ Film Producer/Director ☐ Other _____

The following are the spaces available. Please choose two sizes that may accommodate your work.

☐ 94 sq. ft. ☐ 170 sq. ft. ☐ 260 sq. ft. ☐ 276 sq. ft. (oil/acrylic painters can only choose this box)

Personal References (please include name, title, address, and phone number) Personal references will need to come from a non-relative and preferably from somebody who has known you for a number of years:

1. _____
_____
2. _____
_____
3. _____
_____

In 100 words or less please describe the type of work you do

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____

Describe in 100 words or less why you would like to be a tenant in McA2 Creative Incubator

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

* Please include a resume and a portfolio with 5 – 10 samples of your work
(Items that may be submitted: photographs of artwork, slides of artwork, Music CD's, VHS videos, sample scripts, and writing samples. Original works of art will not be acceptable.)

Before signing this document, please make sure that you have reviewed and completed all of the information requested above. Please do not attach extra sheets to your application. By signing this document you grant the McAllen Chamber of Commerce permission to use the information provided above to determine eligibility as a tenant of the McA2 Creative Incubator. Further, this signature signifies that you adhere that all of the information found on this application form is accurate. If two artists will be sharing the space, both signatures are required!

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

McAllen Chamber of Commerce
Creative Incubator