



OIL PAINTERS of AMERICA®

Dedicated to the Preservation of Representational Art

P. O. Box 2488 Crystal Lake, IL 60039-2488
E-Mail: mail@oilpaintersofamerica.com

General Office Tel. & Fax: 815-356-5987
Membership Office Tel. & Fax: 847-277-2890

SIGNATURE MEMBER APPLICATION – DUE OCTOBER 15

Please Print

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

CONTACT PHONE: _____ E-MAIL _____

The OPA Board of Directors has created a Signature Member Advisory Committee that will review the new applications for Signature membership. **The applications shall be received NO LATER THAN October 15 of each year.** The Board of Directors will act upon the applications at its November Board Meeting

To qualify to submit for Signature Member status, an artist must:

- Be of exceptional merit and a member in good standing
- Have exhibited in three (3) OPA National Shows OR in two (2) OPA National Shows and (3) OPA Regional Shows within the last five years.
- Continue as a member in order to keep his Signature status active
- Demonstrate that he/she consistently paints at a high skill level

Please send:

- Twelve digital images of your work on CD – **Please provide 6 copies** (300 dpi, jpeg preferred)
Images must have been painted within the last five years. (No Workshop or instructional paintings please.)
- **A 2 page biography** that includes your education, formal or self-taught, any major awards won, short list of Published articles, and any galleries you currently work with* (Please note, judging places greater emphasis on the artist's body of work as opposed to credentials.)

***NOTE: Please, do not send books, articles, magazines, etc. They will not be returned and will not be included in the jurying process. Thank you for your cooperation!**

Please complete the following:

Please list the Oil Painters of America's Exhibitions that qualify you to submit for Signature Status:

(For verification purposes, please indicate (if applicable) any exhibitions where your name might be listed differently than the name you have provided above.)

NAME OF EXHIBITION (Please print neatly)	YEAR	LOCATION	SAME NAME? (Yes or No)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Summary of Policy #4 – Signature Membership

Please remember that if you are granted Signature status you must continue to be an active dues paying member in order for OPA to recognize you as a Signature Member Also, if you do not pay your dues by March 1, of any given year, you will not be listed as a Signature Member in the Annual Catalog. Only currently paid members are published. If a Signature member has not paid his/her dues for three or more years, he/she will be required to resubmit for Signature Member status.

A Signature member is encouraged to use the initials OPA following his name on his paintings and in published materials.

If it is determined that an Associate Member has used the initials OPA after his/her name, he/she shall be notified via certified mail that the use of the OPA initials is limited to Master and Signature Members. If the Associate Member continues to use the OPA initials after having received the above notification, the Associate shall lose his/her membership in OPA.

I certify that the information provided above is accurate and complete to the best of my knowledge.

Signed: _____ Date: _____