

# **GILBERT VISUAL ARTIST LEAGUE**

## **MEMBER ARTIST BIOGRAPHY**

**Name:**

**Medium/s:**

**Art Training and/or Education:**

**Brief History of Artist:**

This information will be used when exhibit opportunities become available.

Please submit your information along with a CD of your work to GVAL, Attn: Michelle,  
P.O. Box 2651, Gilbert, Arizona 85299.