OTERO ARTS INC
VETERAN ARTS SHOWCASE
2026

ARTIST APPLICATION: DEADLINE TUESDAY MARCH 21, 2026

Return VIA EMAIL: drloria@gmail.com
with SHOWCASE in the subject line

OR

VIA MAIL: OTERO ARTS/SHOWCASE
PO BOX 2252, Alamogordo, NM 88311

ELIGIBILITY CONFINED TO MILITARY WOMEN – Veteran or Active

Artist's Name: _____   _____
Last   First

Address: _____
Street   City   State   Zip

Telephone: Home:( ) _____ Cell: ( ) _____ Other: ( ) _____

Email: _____   **Website**: _____

Veteran: Branch of Military: □ ARMY □ MARINE CORPS □ NAVY □ AIR FORCE □ COAST GUARD

Dates of service: Starting: _____ Discharged: _____ □ Active Duty □ Reservist

Family member applying: Relationship to veteran __SELF____ **Military Era**: _____

Bio: Briefly describe, (60 words or less) your military service connection and personal bio as you wish it to appear in our program.(attach additional pages and/or Headshot photo optional) _____

_____

_____

_____

PLEASE DESCRIBE THE WORKS YOU WOULD LIKE TO PRESENT AT THE 2026 VETERAN ARTS SHOWCASE OTERO ARTSPACE, Alamogordo NM   MAY 2026

VISUAL ARTS (send jpeg images with your application or attach photos if completing by mail):

Title: _____ Medium: _____ Size: _____

Title: _____ Medium: _____ Size: _____

Title: _____ Medium: _____ Size: _____

READINGS/PERFORMANCES:

Title: _____ Genre/Instrument: _____ Length (mins): _____

Title: _____ Genre/Instrument: _____ Length (mins): _____

Title: _____ Genre/Instrument: _____ Length (mins): _____

APPLICANTS FOR THE WOMEN VETERANS EMPOWERED & THRIVING (WVET) WORKSHOP
FRIDAY 4:00-8:00PM MAY 15TH   **Please check if interested:** [ ]
For more information about WVET please contact Lori Arella or see www.womenveteransempowered.org

PLEASE READ COMPLETE RULES AND GUIDELINES (on our Website oteroarts.org) and TENTATIVE SCHEDULE:

By signing below, I represent that everything I have stated in this application is true and accurate, and that I have read and understand the legal terms, RULES AND GUIDELINES, and I agree to be bound thereby:

(___/___/26)_____   _____
DATE   APPLICANT SIGNATURE