

**REQUEST FOR MEMBERSHIP**

Please complete with your contact details.

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| NAME |  |
| EMAIL |  |
|  | **PLEASE PROVIDE IMAGES OF YOUR WORK, EITHER WITH LINKS TO WEBSITE OR SOCIAL MEDIA, OR ATTACH IMAGES OF A RANGE OF WORK WHEN YOU RETURN THIS FORM.** |
| WEBSITE |  |
| SOCIAL MEDIA LINKS |  |

**TELL US ABOUT YOUR ART PRACTICE**

Please tell us a little about which discipline(s) you practice, how long you have been creating art and any other information which will help us get a sense of your work. (500 words max)