



REQUEST FOR MEMBERSHIP

Please complete with your contact details.

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)