

APPLICATION FORM

FULL-TIME/KEYHOLDER STUDIO MEMBERSHIP

Name:

Address:

Email:

Phone:

Mobile:

Please **tick** which print area applies to you:

<input type="checkbox"/>	Lithography
<input type="checkbox"/>	Etching
<input type="checkbox"/>	Silk Screen
<input type="checkbox"/>	Relief
<input type="checkbox"/>	Digital

Checklist

- Completed Application Form
- CV
- Artist statement
- Portfolio of original works (min 8 works)