MEMBERSHIP FORM

**MEDIA**

**PRODUCTION**
**MEMBERSHIP**

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| NAME |  |
| ADDRESS |  |
| CONTACT EMAIL |  |
| CONTACT NUMBER |  |

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| EDUCATION |  |
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WHAT FACILITIES WOULD YOU LIKE ACCESS TO:

**FLAX**

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TELL US ABOUT YOUR ARTISTIC PRACTICE:

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BIOGRAPHY



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PLEASE EMAIL ALONG WITH 3 IMAGES OF YOUR WORK TO: facilities@flaxartstudios.org

I confirm that the subsidy provided through the membership is solely for the purpose of supporting my personal artistic practice and not work for external organisations or other business purposes and that there will be an additional charge for any such work carried out.

SIGNED :

DATE: