**Workshop Membership Application Form**

| **Name** |  |
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| **Address** |  |
| **Email** |  |
| **Contact telephone** |  |

| **Education** |  |
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| **What facilities would you like access to?** |
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| **Tell us about your artistic practice:** |
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| **Biography** |
| --- |

Please return this form -

along with three images of your work, or website link to:

facilities@flaxartstudios.org