



NE. Artisans Inc. Membership Application Form

This is an application to become a member of NE. Artisans Inc. (NEA)

By signing this application you agree to abide by the NEA Rules of Association. A copy of these rules is available on request. Please use CAPITAL LETTERS, thank you.

FULL NAME _____

ADDRESS _____

EMAIL _____

SOCIAL MEDIA _____

INSTAGRAM TAGS _____

WEBSITE _____

CONTACT PHONE NUMBER/S MAIN _____ SECOND _____

PREFERRED METHOD TO CONTACT YOU (phone, email, etc) _____

DESCRIPTION OF YOUR ART _____

EXHIBITOR, STUDIO &/OR VOLUNTEER, OTHER _____

LEVEL OF MEMBERSHIP Full Member Associate Member
(Tick One) (under 16 years old)

PERMISSION TO DISPLAY PHOTOS ON NEA WEBSITE AND SOCIAL MEDIA

Photos of you Yes No
Photos of your work Yes No

Signature _____ Date ____/____/____

Thank-you for your application.

Confirmation of your membership will be sent to you when your application is approved.

Office use only

Date Approved/Rejected ____/____/____ Notice in Writing sent ____/____/____

Committee Signature _____ Entered on Register ____/____/____