



# 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.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT PHONE NUMBER/S \_\_\_\_\_

\_\_\_\_\_

LEVEL OF MEMBERSHIP (Tick One)

Full

Associate  
(under 16 years old)

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank-you for your application.

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

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*Office use only*

Date Approved/Rejected \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice in Writing sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Committee Signature \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Entered on Register