

MEMBERSHIP REGISTRATION FORM | ACTIVE MEMBER

Surname, Name: _____

Address: _____

ZIP Code: _____

Phone: _____

Email: _____

Website: _____

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Please check where applicable and sign at the bottom of the document.

- I confirm that I want to become an active member of Est-Nord-Est.
- I confirm that I will pay my annual membership fee of **20\$** if my member application is accepted.

I did send those documents:

- The membership registration form.
- My curriculum vitae.
- My artist statement.
- A visual file of 10 to 15 photos.
- A text or video explaining my interest in participating in the associative and democratic life of Est-Nord-Est.

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Signature: _____

Date: _____