

MEMBERSHIP REGISTRATION FORM | ARTIST-RESEARCHER 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 artist-researcher member of Est-Nord-Est.
- I confirm that I will pay my annual membership fee of **40\$** 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 – for artists.
- Two published texts on actual art (report or exhibition review, essay, text of a booklet, catalog or art book) – for researchers.

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Signature: _____

Date: _____