



MEMBERSHIP FORM
APPLY TODAY

NAME.....

ADDRESS.....

.....

POSTCODE.....

CONTACT.....

E-MAIL.....

SPECIAL INTERESTS.....

.....

INDIVIDUAL ARTIST OR MEMBER OF A
GROUP.....

NAME OF GROUP.....

DO YOU WISH TO EXHIBIT IN GALLERIES
ON A WEBSITE OR BOTH.....

PAYMENT £5 CASH / CHEQUE.....

SIGNED.....

DATE.....

RETURN TO - ART ALERT, CVS OFFICE
HIGH STREET NUNEATON CV11 5DA.