

Artscape Resource Centre Membership Form

Name of your Organisation

Gender Name

Title Surname

Age Date of Birth Race

Language(s)

Telephone No(s)

Mobile No

Email Address

Residential Address

City /Suburb Code

What is your field of activity? (Please tick appropriate box)

Theatre Dance Music Opera Vocalist Comedic Performance

Visual Arts Crafts Literature Other (Please give Details)

Signed At _____

Date _____

Members Signature _____

A.R.C Admin _____