			Colle	aborARTi
Artist Appl	ication	Form	Introduced	by:
TYPE OF MEMB		Resident	Artist 🗌	Associate
Your contac	t details	(GDPR)		How did you find out about us?
These details are for our member to anyone else. You will only be c your work, group activities and re	ontacted by us about y			
NAME:				
ADDRESS:				DBS
	Postco			A current DBS certificate
TEL:				is required to volunteer, be a Resident Artist,
EMAIL:				or run workshops/classes.
EMERGENCY CONTA	CT:			See our DBS Policy.
NAME:	Family	RELATIONSHIP:		Insurance
Your work				Members are required to have their own Public & Products Liability and Professional Indemnity Insurance.
Please describe your work belo	ow:			

Please indicate how you would like to be involved with CollaborARTi:

I would like to have my own artist feature/gallery on the website	Personal
I would like to display my work in the community shop area	and professional
I would like to volunteer some of my time to help	opportunities
I would like to exhibit my work in a gallery	Creativity and wellbeing
I would like to run a workshop or class	creativity and wendering
I would like to attend a workshop or class	
Other:	

Notes...

Conduct agreement

I agree to respect everyone in the group. (All religions, cultures and beliefs).			
I will respect the buildings that the group occupies and will not deface or damage any property or the buildings. If asked to leave for any reason. I will do so without causing any trouble.			
I am responsible for my own health and safety.			
I am responsible for my own finances and tax affairs.			
I am responsible for my own property and insurance.			
I declare my work is original to me.			
If my work is inspired by another artist. It will not be a direct copy and I will credit the original artist on all associated work.			
My work does not promote a political party or religion.			
SIGNED: DATE:			

Your application will be reviewed and if successful we will be in touch within 14 days to progress your membership.