

**ASSOCIATION OF CYPRUS PAPER ARTISTS**

MEMBERSHIP APPLICATION FORM

2016

|  |  |
| --- | --- |
| **Name and Surname:** |  |
| **National I.D. Number:** |  |
| **Place of Residency and address:** |  |
| **Telephone:**  **Fax:** |  |
| **Mobile Number:** |  |
| **E-mail:** |  |
| **Website:** |  |
| **Date of Application:** |  |

**Please mark [x] the category that best reflects your occupation/interest:**

[ ] Paper Artist

[ ] Paper Maker

[ ] Book Artist

[ ] Workshop

[ ] Visual Arts Student

[ ] Academic Member

[ ] Art lover

[ ] Art Historian

[ ] Curator

[ ] Manager

[ ] Conservator

[ ] Art Collector

[ ] Paper Industry

[ ] Other .....................

**MEMBERSHIP PROCEDURE:**

Annual Fee: 150TL

To complete your membership application please fill in and sign this form and return to the following E-mail address with three paper art works: [kksd.cyp@gmail.com](mailto:kksd.cyp@gmail.com)

**DECLARATION**

I hereby confirm that I have read and comply by the membership rules and procedures, and declare my membership application to the Association of Cyprus Paper Artists.

**Name:**

**Signature / Date:**