



MEMBERSHIP FORM

"We use the creative art process to facilitate personal well-being"

Name:

Address:

.....

.....

Tel: Mob:

Email:

Occupation:

Art Therapist

Student

Artist

Art Teacher

Therapist/Other Please specify:

Other Please specify:

Please specify any affiliations to any other Arts/Therapy/Education organisations:

.....

Please specify how you heard of NIGAT:

.....

New Member:

Renewal of Existing Membership:

Date Joined:

Date:

How long have you been a member: years

It is optional to complete all the above information but it will greatly assist the work of NIGAT to keep in contact with our members and to provide relevant information about our services.

Details will remain confidential and only be available to NIGAT committee members.

PD

DT

MTHD