MEMBERSHIP APPLICATION/ INFORMATION			DATE:		
Membership (please circle) :	FULL	EXHIBITING	FRIEND		
FULL NAME (Mr/Mrs/Ms) : ADDRESS :					
TELEPHONE:					
Landline:		Mobile:			
EMAIL:					
WEB SITE ADDRESS (if applicable	e):				
FIELD OF CREATIVE ACTIVITY (Br	ief descrip	tion of your work	:):		
FORMAL QUALIFICATIONS – if a	ny (In you	ır creative field):			
WORK EXPERIENCE – if any (In	your creat	ive field):			
WHERE DID YOU HEAR ABOUT S	OUTHPOR	T CONTEMPORA	RYARTS AND	WHY DO YOU WISH TO JOIN?	
PLEASE ATTACH: Three photos of recent work (if	visual arts) or copies of writ	iten art and a	a short piece about yourself and your w	vork.
(for inclusion on the SCA web sit If possible send electronically, a arthousesca@gmail.com	e if your a	pplication is succe	essful)	, , , , , , , , , , , , , , , , , , , ,	

Please send hard copy applications to:

SCA - ArtHouse, 65 Eastbank Street, Southport, Merseyside, PR8 1EJ