



To be filled by the office		
ANKOM: __ / __ / __		
JA	NEJ	KOMPL.
DATUM: __ / __ / __		

MEMBER APPLICATION

NAME:

ADRESS:

POSTNR: POSTADDRESS:

COUNTRY:

PASSPORT/ID NUMBER:

E-MAIL: TELEPHONE:

To become a member of KKV-B, you should have completed your art education or equivalent and be active artist. The application should include a CV, photos of your work and/or reference to your website. For you who have not finished your education special rules apply.

EDUCATION:

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OCCUPATION:

We have following workshops/studios: Stora Grafiken, Lilla Grafiken, Textilen, Keramiken, Foto, Digital avdelning, Trä, Metallen, Smedjan, Stengården and two studios. To be able to work in these you need to have knowledge in the workshops different techniques and equipment therefore you need to get an introduction by person responsible for workshop. For more information visit our webpage.

WHICH WORKSHOP ARE YOU APPLYING TO:

- | | | |
|---|---|--|
| <input type="checkbox"/> Stora Grafiken | <input type="checkbox"/> Lilla Grafiken | <input type="checkbox"/> Textilen |
| <input type="checkbox"/> Keramiken | <input type="checkbox"/> Foto | <input type="checkbox"/> Digital avdelning |
| <input type="checkbox"/> Trä | <input type="checkbox"/> Metallen | <input type="checkbox"/> Smedjan |
| <input type="checkbox"/> Stengården | <input type="checkbox"/> Ateljéer | <input type="checkbox"/> Tuft |

REFERENCES:

ADDITIONAL INFORMATION: (continue on the other side if needed)

.....
.....

Date: __ / __ / __

Your signature

To be filled by the office	
Medlemsnummer:	
Betalt __ / __ / __	