

# ACAVA

## ACAVA Membership Form

PERSONAL DETAILS			
Given name			
Family name			
Home address			
Postcode		City	
Phone number			
Email address			
Do you consider yourself to have a disability?		If so, please give details	

STUDIOS REQUIREMENTS	
What is your principle art practice?	
How many days a week will you use a studio?	

EMERGENCY CONTACT	
Name	
Phone number	
Relationship	

REFERENCE	
Name	
Email	
Relationship	