



ΕΝΩΣΗ ΕΙΚΑΣΤΙΚΩΝ ΚΑΛΛΙΤΕΧΝΩΝ ΚΥΠΡΟΥ
CYPRUS VISUAL ARTISTS' ASSOCIATION

APPLICATION FOR MEMBERSHIP*

NAME: _____ SURNAME: _____

ADDRESS: _____

P.C. _____ CITY-VILLAGE: _____

TEL: _____ MOB: _____

EMAIL: _____

OCCUPATION: _____

TYPE OF ARTIST: _____

REFERRED BY TWO MEMBERS: _____

WHY DO YOU WANT TO BECOME A MEMBER AND WHAT DO YOU EXPECT OUT OF THE CVAA

SIGNATURE _____ DATE _____

* After the acceptance of applicant as a member he/she is obliged to pay the sum of €20,00 yearly to the treasurer of the **CYPRUS VISUAL ARTISTS' ASSOCIATION**