

Manchester Academy of Fine Arts
Application Form for Election
(Please complete clearly in CAPITALS)

NAME OF ARTIST:

ADDRESS INCLUDING POST CODE:

DATE OF BIRTH:

WHERE WERE YOU TRAINED INCLUDING QUALIFICATIONS (if any) & DATES:

TICK OR CIRCLE ANY OF THE FOLLOWING WHICH APPLY TO YOU:

PAINTER | PRINTMAKER | SCULPTOR | OTHER (Please state)

LIST THREE OF YOUR MAIN SOLO EXHIBITIONS GIVING VENUES & YEARS

1

2

3

LIST THREE OF YOUR MAIN MIXED EXHIBITIONS GIVING VENUES & YEARS

1

2

3

LIST MEMBERSHIP OF OTHER MAIN ART SOCIETIES: (if any).

1

2

NAME TWO PUBLIC COLLECTIONS CONTAINING YOUR WORK (if any).

1

2

List AWARDS, PRIZES HONOURS, COMMISSIONS INCLUDING DATES (if any)

List TWO MAIN ART RESIDENCIES INCLUDING LOCATIONS & YEAR (if any).

1

2

Manchester Academy of Fine Arts

Please indicate that, if elected, you are prepared to help with M.A.F.A. affairs by ticking one of the following:

 Yes No UNABLE DUE TO
CIRUMSTANCES.

COST: If you are elected to Membership you will be asked for your first Annual Subscription which is currently £60pa and to set up a Standing Order for subsequent years. You will be asked for these in the letter informing you if you have been elected.

WORKS REQUIRED: Applicants are asked to submit not less than 4 and not more than 6 examples of their current work on the Election Day: TBA. th 2012 10 am -11am ...and subsequently to collect them on the same day TBA. th 2012 4 pm - 5 pm.

[We are holding our A.G.M. from 11am to 3pm please try to be on time].

The works should be delivered to PriceWaterhouseCoopers, Abacus Court, 6. Minshull Street, Manchester M1 3ED.

Two dimensional works and sculptures, which are small enough, should be delivered directly. For submission of large heavy work please contact the Membership Secretary membership@mafa.org.uk The Hollows, Shore Edge, Shaw, Oldham OL2 8LJ

The decision of the M.A.F.A. Election Committee is final. M.A.F.A. will not enter into any correspondence in relation to non-election.

PLEASE SIGN AND DATE THIS FORM TO SHOW THAT YOU ARE IN AGREEMENT WITH THESE APPLICATION CONDITIONS AND RETURN IT TO THE MEMBERSHIP SECRETARY BEFORE 26th March 2012.

i.e. Barbara Sykes, The Hollows, Shore Edge, Shaw, Oldham OL2 8LJ 01706 846235

Signature.....

Print your Name.....

Date.....