



MEMBERSHIP APPLICATION

Full name

Address

Post code

Telephone

Mobile

Email

EDUCATION Please list art schools attended, professional qualifications and dates.

DATES	INSTITUTION	QUALIFICATION & GRADE	DATE AWARDED
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ARTIST'S STATEMENT

Please provide an artist's statement about your current practice (maximum 200 words).

CONTEXTUAL STATEMENT

Please state how your practice fits into a wider critical visual art context; and outline your immediate and long-term ambitions for your practice (maximum 200 words).

EXHIBITIONS / ARTISTS TALKS / PUBLIC EVENTS / WORKSHOPS etc.

Please list and date any exhibitions & public events you have been involved in during the **last 3 years** (you may attach an additional CV if you wish to list more):

YEAR	EVENT / EXHIBITION TITLE	VENUE / LOCATION
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You may include an additional CV if you wish, a maximum of two A4 sheets.

IMAGES / LIST OF WORKS

Please enclose up to 8 images of your work (or time-based media) on either DVD/CD-ROM, photographs or prints. If you wish to email your application please make sure that your Jpegs are optimised and small enough to email*. Please do not include original artworks. Photographs and prints should be large enough to view the work adequately. Please fill in the image list below:

YEAR	TITLE	DIMENSIONS / MEDIUM / FORMAT
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MEMBERSHIP & STUDIOS

This application is for **off-site membership** of Art Space Portsmouth. Full details can be found on our website www.artspace.co.uk where you can download the information pack.

Please note: we do not operate a waiting list for studios. For details of the Studio Allocation procedure please see the information pack. However, please indicate if you would be interested in applying for a studio with us in the future:

Yes, I would be interested in applying for a studio at Art Space in the future if the opportunity arises:

If 'Yes' please answer the following:

FINANCIAL NEED

As a charity one of the main aims of Art Space Portsmouth is to "Provide affordable studio space in particular for artists in financial need". Preference will be given to artists who can demonstrate financial need as stated in our charitable aims.

a) In this context do you consider that your practice is in need of financial subsidy from a charitable organisation? Yes No

b) If you were not offered an affordable studio at Art Space Portsmouth, would you otherwise be able to afford a studio at current commercial rents? Yes No

c) Are you: (please tick all that apply)

Employed part-time? In receipt of benefits? *please state*

Employed full-time? Other? *please state*

d) Registered self-employed as a creative practitioner/artist?

Please return your application by email* or post with any relevant supporting material to:

The Studio Coordinator
Art Space Portsmouth
27 Brougham Road
Southsea PO5 4PA

E-mail: info@artspace.co.uk

*Receipt of application will be sent by email.
Please include a SAE (with the correct postage) if you would like your supporting materials returned.*

If your application is accepted you will be required to sign the Art Space Portsmouth Membership Agreement.

NB: THE DECISION MADE BY THE ART SPACE PORTSMOUTH SELECTION PANEL IS FINAL.

*If you wish to email your application please ensure that your email does not exceed 5MB. Thank you.