

## Jambo Arts Membership Form



Name: \_\_\_\_\_  
(First) (Surname)

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Please select:

Full Membership \$10  Student \$5

If Student, please state school/college: \_\_\_\_\_

Everyone is welcome; please select reason/s for joining Jambo Arts:

Art Appreciation

Artist

Other

If you selected Artist or Other please give a brief description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate below any area/s you have an interest in:

Workshop Teacher  Area of expertise \_\_\_\_\_

Community Outreach

Publicity

Entertainment

Board Member

Other  Please state: \_\_\_\_\_