

# ISLAND ARTISANS ASSOCIATION - Membership Application

*.All information provided herein is confidential, for IAA requirements  
and will not be released to anyone else without your express permission  
Membership in IAA runs from January 1<sup>st</sup> to December 31st*

Name \_\_\_\_\_

Studio/Business Name \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone: (res) \_\_\_\_\_ (bus) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website address: \_\_\_\_\_

2 or 3 words to describe your PRIMARY CRAFT: \_\_\_\_\_  
(used to help us index your name on our database & website listing)

Additional craft activities: \_\_\_\_\_

Mediums in which you are working, if previous answers need elaboration: \_\_\_\_\_

\_\_\_\_\_  
Special interests or reasons for joining IAA:

\_\_\_\_\_  
Other craft associations to which you belong:

\_\_\_\_\_  
Should we include you on the list of members shown on the IAA website **YES** \_\_\_ **NO** \_\_\_  
Would you be interested in volunteering : On a committee \_\_\_, on the board \_\_\_, assisting  
with events \_\_\_, in another capacity \_\_\_\_\_?

Please read, delete as appropriate, and sign: **I DO / DO NOT** give my consent to my contact  
information being included on a paper copy listing, distributed to IAA members only.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This application should be mailed to Membership Secretary, Island Artisans Association, PO  
Box 5322, Victoria, BC, V8R6S4, accompanied by a cheque for \$40.00 or bring it to an IAA  
monthly meeting.. (See Bulletin Board on WWW.ISLANDARTISANS.CA)

Amount received: \_\_\_\_\_ Cheque \_\_\_ Cash \_\_\_ Date processed \_\_\_\_\_