



Application for membership

Name of group _____

What does your group do?

Contact person in group

Name _____

Position _____

Address for correspondence

Telephone number _____

Email _____

Individual artists should complete the parts that apply

Please return the completed form to:

Laurette Evans, Secretary of BAF
University of Bolton
Deane Campus
Bolton BL3 5AB

Or email to L.Evans@bolton.ac.uk