Voix Visuelle

ADHESION FORM

Information : Surname

Address	City	
Province	Postal code	
Phone	Cell phone	
e-mail	Web site	
Valuetaar		

Name

Volunteer

I am available to do volunteer work	○ Yes	🔿 No	
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I want to join the Centre d'artistes Voix Visuelle as:

Statuary member:	🔿 1 year \$35	○ 2 years \$60
Recognized professional	artist in accordance	e with the rules of the Centre d'artistes Voix Visuelle, meaning a person who has specialized
training in an artistic dis	cipline; is recognize	d as an artist by his/ her peers belonging in the same artistic tradition; dedicates a significant
amount of time to his/h	er art; has presente	d his/her work or has performed in public; and seeks remuneration for his/her work as an artist.

Associate member:	🔿 1 year \$35	2 years \$60
Any person interested in	n the objectives and	the activities of the Cenre d'artistes Voix Visuelle

Sponsor:	
I contribute to the amount of:	

Student membrer: O 1 year \$20

Payment:

Make your check payable to Voix Visuelle and mail it to the following address:

Le Centre d'artistes Voix Visuelle 67 Beechwood Ave (2nd floor) Ottawa Ontario K1M 1L8