

Membership Enquiry Form

If you are interested in becoming a member of Every Cloud Arts & Crafts please read our membership criteria and membership terms and conditions, before completing the form below.

Name	
Name of organisation if applicable	
Address	
Preferred phone no:	
Email:	
Please describe your art/craft work including your personal support needs if appropriate OR any skills or experience that might benefit the organisation as a whole (that may not necessarily be an art or craft).	
Any other information you may wish to add.	
Signature & date	

Please note: the information completed above will be held under the Global Data Protection Regulations and will not be shared with any third party. If membership is not an outcome we will not retain this information without explicit consent for eg if you would like us to keep you informed of future activities and events.