

WEBSITE APPLICATION FORM

Please fill in this form and send to:

**The Malta Society of Arts
(including the €5 Fee for a year)**

Name & Surname _____

Artistic Title _____

Home Address _____

Studio Address _____
(if any)

Telephone: _____ Mobile: _____

E-Mail Address _____

Website _____

10 Images are being sent to lcm@artsmalta.org to be included _____

Signature _____

Date: _____