



MEMBERSHIP FORM

Name: _____

Telephone: _____

Email: _____

Are you a resident of Northern / Central BC? Yes / No

Are you self identified as Indigenous? Yes / No

Band Affiliation / Nation (Not required) _____

Link to website/facebook etc. (not required) _____

Short description of artform practiced: _____

I hereby request to become a member of the Northern Indigenous Artists' Collective and provide my consent to be contacted via email about recent news and upcoming events.

Signature: _____ Date: _____

PLEASE EMAIL COMPLETED FORM TO niacpg@gmail.com.

THANK YOU!