



## M E M B E R S H I P   A P P L I C A T I O N   F O R M

### **Rules & regulation for members :**

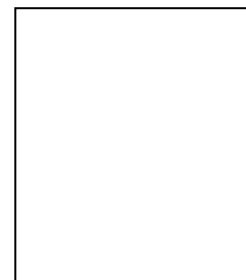
- 1) All the members must abide by the discipline of the Volume foundation.
- 2) If somebody wants to be a member he/she must introduce by founder member.

### **Benefits for the members from Volume foundation :**

- 1) For participation at Volume art exhibition ( first priority for the selection process of members).
- 2) For participation art camps & workshop ( first priority for the selection process of members).
- 3) Work to be featured at Volume online gallery ( Providing promotions & space for sell of art works).
- 4) First priority to the members for online publication.
- 5) Participating in seminar & talk (this kind of activities).
- 6) Members can present their papers at seminars, studio talk & exhibitions.

A-9,LINGARAJVIHAR,POKHARIPUT,BHUBANESWAR-751020, Email.volumevisualart@gmail.com,(M)91+9777836300.

website : [www.volumevisualart.com](http://www.volumevisualart.com)



## MEMBERSHIP APPLICATION FORM

A-9,LINGARAJVIHAR,POKHARIPUT,BHUBANESWAR-751020.

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website : [www.volumevisualart.com](http://www.volumevisualart.com)

Form must be filled in black or blue ink only. Must be filled in Capital Letters and Understandable.

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

FATHER / SPOUSE NAME \_\_\_\_\_

POSTAL ADDRESS . \_\_\_\_\_

STATE & PINCODE \_\_\_\_\_

MOBILE NO. \_\_\_\_\_

E-MAIL ADDRESS . \_\_\_\_\_

CATAGORY : STUDENT  ARTIST  AMATEUR`  ART LOVER  ART CRITIC

PROFESSIONAL INTEREST: \_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_

ATTACHED : BIO DATA , SELF PHOTO , SIX WORK IMAGES with details (H D IMAGE) ( [above mentioned email Address](#))

I HERE BY ENCLOSED , **1000/-** (RUPEES ONE THOUSAND ONLY) TOWARDS [ VOLUME VISUAL ART ]

BY : CASH/CHEQUE/ D.D.NO - \_\_\_\_\_ DATED \_\_\_\_\_

ISSUING BANK NAME \_\_\_\_\_

I hereby agree to all the terms and conditions. Application Form will be sent to the above mentioned **Address ONLY**. Application will have Applicants Name, Gender and Date of Birth Pre-Printed as mentioned on this Form. Application Form sent by you through any means of postal /mail/ courier service. VOLUME Foundation reserves the rights to amend the terms and conditions at any point (if required) without any prior notice.

DATE : \_\_\_/\_\_\_/\_\_\_\_

SIGNATURE