

Artist's Application form :

Compulsory
Fields

Personal Details :

First Name :

Last Name :

ID Number :

Physical Street Address 1

Physical Street Address 2

Town and Suburb :

Region :

Country :

Postal Address :

Town :

Postal Code :

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Contact Details :

Home Telephone :

Mobile / Cell Phone :

Fax number :

Email Address :

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I acknowledge that I have read the Terms and Conditions of advertising my art on ArtAngels.co.za, and that I agree to these Terms and Conditions.

Signed :

Date Signed :

Print Name :

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Please email photographs of 4 examples of your art to Admin@artangels.co.za when you've sent through your application. Your application cannot be processed until we've received them. Make sure your Name and Surname is on the email, so we'll know who's art it is! The sooner you send it through to us, the sooner you can be accepted, and start selling your art on the website.

Fill out and Sign this form, then fax it through to

086 568 3722

or Fill out and Sign this form, then Scan it, and email to

Admin@artangels.co.za

or Fill out and Sign this form, then Mail it to

J Combrink, PO Box 90620, Garsfontein, 0042

Office Use:

Date Received :

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Photo's Received :

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Date Accepted :

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Acceptance Notice sent :

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Code for Artist :

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Date of First Payment due :

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