



# Krasl Clay Artist's Guild

## Application of Intent for Membership

Please complete all fields on application and submit to the Krasl Art Center, attn: Education Department.  
707 Lake Blvd., Saint Joseph, MI 49085 **PLEASE PRINT LEGIBLY**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

How did you learn about the Krasl Clay Artists' Guild? \_\_\_\_\_

\_\_\_\_\_

Were you recommended by a member?  Yes  No

Member's Name: \_\_\_\_\_

What ceramics class(es) have you completed at the KAC? (include year of class taken & instructor) \_\_\_\_\_

\_\_\_\_\_

How would you describe your experience in ceramics?  Beginner  Intermediate  Advanced

Elaborate: \_\_\_\_\_

\_\_\_\_\_

What kind of clay instruction have you received other than at the KAC?

How many years at each level?

High School classes \_\_\_\_\_ Years? \_\_\_\_\_

College or higher education \_\_\_\_\_ Years? \_\_\_\_\_

Other instruction in clay \_\_\_\_\_ Years? \_\_\_\_\_

For college or other instruction, briefly list the content of the classes and where they were taken: \_\_\_\_\_

\_\_\_\_\_

Do you consider yourself a  recreational or  professional clay artist?

Please explain: \_\_\_\_\_

How many hours per week do you anticipate using the facility? \_\_\_\_\_

Do you have pottery equipment that you use at home or elsewhere?  Yes  No

Elaborate: \_\_\_\_\_

*I hereby submit the above information in good faith with the understanding that my application will be reviewed by KAC faculty members and staff for confirmation of classes taken as stated above. Upon acceptance by the education department, I understand that my membership is for one year and may be renewed annually upon approval. I also agree to pay my dues in advance either annually, or quarterly on or before January 1, April 1, July 1 and October 1, by check or cash, with a valid credit card on file to automatically deduct payment after 10 days. I hereby give consent to KAC staff to provide basic treatment for minor occurrences. I authorize transfer of myself to a healthcare provider if the KAC staff suspects medical attention is necessary. I further grant permission to the KAC to take photographs of me for use in promotional materials including printed media and web applications. I authorize this use indefinitely without compensation to me. I also understand KAC reserves the right to withdraw a member from the guild if necessary for the safety or well-being of myself and others.*

**I have read, accept and agree with policies as put forth above: \_\_\_\_\_ Date: \_\_\_\_\_**