

NAME OF GROUP/INDIVIDUAL:		
DATE OF ESTABLIS	HMENT/BIRTH:	
VILLAGE:	PROVINCE: _	
COMMUNITY:		
NAME OF HEAD O	F ORGANISATION:	
CONTACT PERSON	1:	
CONTACT PERSON	2:	
PHONE NO:		
E-MAIL:		
FACEBOOK PAGE:		
CRAFT SPECIALITY:	:	
WEAVING	POTTERY	CARVING
JEWELLERY	SCREEN PRINTING	TIE & DYE
MASI	PATCHWORK	OTHER
SIGNATURE:		DATE:
T +679 331 1754	F +679 331 1962 EMA	IL: fijiartscouncil@connect.com.fj/julieciri@gmail.com
LEVEL ONE, PROCERA I	HOUSE, WAIMANU ROAD, SUVA	PO Box 2432 Government Buildings, Suva

PS: Please attach VISION, MISION of Organization (Group only)

The annual membership fee is \$10 for individual and \$20.00 for groups of more than 10 members