



To
the Board of Fellows
of ARTEX, the Hellenic Centre for Research and Conservation
of Archaeological Textiles

I, the undersigned, hereby request the Board of Directors of ARTEX to approve my application for enrolment as a member of the Society.

Date:

Please complete the following fields (with an asterisk * they are required)

*FIRST NAME/Name of Institution:.....

*SURNAME:.....

FATHER'S NAME:.....

*PROFESSION:.....

ADDRESS:.....

POSTCODE:.....

CITY & COUNTRY:.....

*TELEPHONE:.....

FAX:

*EMAIL:.....

I consent to the inclusion of my email, as set out in this application, in the register of the Society's members, which will be circulated to all members.

YES NO

Countersigned by one member of ARTEX

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A CV is attached.

Please complete the application form and send it to: info@artextiles.org.

The applicant

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* ARTEX certifies that all personal information of the Society's members will not be disclosed anywhere without prior consent of the relevant member. If false details are submitted in your form, ARTEX reserves the right to cancel the membership.