

ARTS KAKIS REGISTRATION FORM

Keppel Nights - Cultivating Audiences for the Arts

Name:

Preferred Name on Membership Card:

(Please limit to 30 alphabetical characters)

Salutation: Mr / Mrs / Ms / Mdm / Dr / Prof

Male / Female (Please delete accordingly)

(photo)

300dpi
Jpeg file

NRIC / FIN No:

Date Of Birth:

Mailing Address:

Postal Code:

Mobile:

Office/Home Tel:

Email:

Occupation:

I am interested in the following arts & cultural activities (please tick any box):

<input type="checkbox"/>	Community Arts	<input type="checkbox"/>	Dance	<input type="checkbox"/>	Literary Arts	<input type="checkbox"/>	Library
<input type="checkbox"/>	Festivals	<input type="checkbox"/>	Music	<input type="checkbox"/>	Museum	<input type="checkbox"/>	Theatre
<input type="checkbox"/>	Photography	<input type="checkbox"/>	Traditional Arts	<input type="checkbox"/>	Visual Arts	<input type="checkbox"/>	

Please answer the following questions as fully as you can. Feel free to attach additional information if necessary.

1. Why do you want to be an Arts Kaki?

2. How do you think the arts and culture can benefit others?

3. What voluntary activities have you participated in, if any?

We may also call you up for a chat to get to know you better.

Signature

Date

Please email or mail your completed form with a photograph to:
National Arts Council
90 Goodman Road, Goodman Arts Centre, Singapore 439053
(Tel) 65 6346 9655 (email) kn@nac.gov.sg