

Associate Membership Application Form

Leicester Print Workshop is a registered charity and a company limited by guarantee. We are also a printmaking community. If you would like to become an associate member and to benefit from:

- Regular newsletter
- Opportunities to exhibit
- Specialist materials at affordable prices
- Opportunity to attend events and demonstrations in the Studio
- The opportunity to be featured free on the LPW website

Please complete the form below and email it to info@leicesterprintworkshop.com or post it to Leicester Print Workshop, 50 St George Street, Leicester, LE1 1QG. If you have any queries or would like support in completing your form, please call the workshop on 0116 251 4174.

Name		Date	
Address			
Address		Postcode	
Email		Telephone	
<p>Annual Associate membership is £25 (2016 prices) Would you like to pay by cheque, made payable to Leicester Print Workshop? Yes/No Would you like the office to call you upon receipt of this form to take payment over the phone? Yes/No</p> <p>Any other information you would like us to know about you and your application (for example do you attend our courses, are you a teacher and if so would your school be interested in a workshop led by LPW, do you work for a company that would be interested in sending their staff to an LPW workshop etc)</p>			
<p>This information will be held by Leicester Print Workshop in line with the terms and conditions of our Privacy Policy, please ask for a copy. I would like to be added to the Leicester Print Workshop mailing list to receive news and information about courses, events, exhibitions, fundraising and opportunities. <input type="checkbox"/></p>			

MONITORING FORM

LPW promotes printmaking to everyone. To monitor our success in appealing to all we ask for the following information. This form is strictly confidential and will only be used for purposes of monitoring, evaluation and development. The form will be destroyed once the data is collected and will therefore remain anonymous.

1. What is your sex? (Tick one only)

- Male Female Prefer not to say

2. Which of the following options best describes how you think of your gender identity? (Tick one only)

- Male Female In another way* Prefer not to say

*How would you describe your gender?

3. Which of the following age groups do you belong to? (Tick one only)

- | | | | | |
|-----------------------------------|----------------------------------|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 30 – 34 | <input type="checkbox"/> 50 – 54 | <input type="checkbox"/> 70 – 74 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 16 – 19 | <input type="checkbox"/> 35 – 39 | <input type="checkbox"/> 55 – 59 | <input type="checkbox"/> 75 – 79 | |
| <input type="checkbox"/> 20 – 24 | <input type="checkbox"/> 40 – 44 | <input type="checkbox"/> 60 – 64 | <input type="checkbox"/> 80 – 84 | |
| <input type="checkbox"/> 25 – 29 | <input type="checkbox"/> 45 – 49 | <input type="checkbox"/> 65 – 69 | <input type="checkbox"/> 85 or older | |
| | | | | |

4. What is your ethnic group? (Tick one only)

White

- English / Welsh / Scottish / Northern Irish / British
 Irish
 Gypsy or Irish Traveller
 Other White background*

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Other Mixed/multiple ethnic background*

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Other Asian background*

Black or Black British

- African
 Caribbean
 Other Black/African/Caribbean background*

Other

- Arab
 Other*
 Prefer not to say

*What other?

5. Do you identify as a D/deaf or disabled person, or have a long-term health condition? (Tick one only)

- Yes No Prefer not to say

6. Do you live in the UK? (Tick one only)

- Yes No

15a. If you live in the UK, what is your full postcode?

This information will only be used for research

15b. If you live overseas, what is your country of residence?

Thank you for your help.