



THE POTTERS SHOP & SCHOOL

31 Thorpe Road, Needham MA. 02494 781/449 7687
fax: 781/449 9098 e mail: PottersSchool@aol.com



Studio Membership Registration

Please check the membership level you are registering for. **date of registration** _____

- Unlimited Access Resident Membership:** Key, 24hr unlimited access.
- Unlimited Access Potters School Student Resident Membership:** Key, 24hr access.
- Limited Access Resident Membership:** Unlimited access during open business hours.
- Limited Access Potters School Student Resident Membership:** Unlimited access during open hours.
- Trial Resident Membership**
- Non-Resident Membership** **Staff** **Associate Staff** **Internship**

Please type or print neatly, use back or attach additional sheet if necessary.

Name _____ Street _____

City _____ State _____ Zip _____ Phone day _____ eve. _____

e mail _____ web site _____

Education:

Current employment:

How did you hear about The Potters Shop And School?

- Friend Internet Open Studio Event GMS Event Other

Tell us about your clay interest and experience relating to clay; formal ceramics education, continuing education classes taken, workshops attended, other studios you have worked in, etc:

Tell us about your technical knowledge:

- have worked with different clays
- can recycle clay
- have worked at different temperatures
- can mix glazes from recipe
- other specific technical knowledge? Explain: _____
- have materials knowledge to alter glazes
- have materials knowledge to formulate glazes
- can stack electric kilns
- can fire electric kilns
- can program computerized kilns

For Staff Use Only

- Added to Shop email list Added to School email list Removed from Shop email Rem School email list
- Added to Constant Contact list Removed from Constant Contact list
- Added to Member list Removed from member list
- Keys given: date _____ by _____ Added to past member list
- Key deposit received: date _____ by _____ Keys returned: date _____ by _____
- Given Member Handbook Materials Key deposit returned: date _____ by _____
- Given cubby/slip pail Cubby # _____ check # _____

Registered and set up by staff member _____