



THE ARTS SOCIETY SARUM

MEMBERSHIP APPLICATION FORM

Title:	Initials:	Surname:
Name by which you would like to be known:		
Address:		
Telephone Number:		
E-mail:		

Would you like us to claim gift aid on your subscription? Yes/No

Could we please have details of two Next-of-Kin? (This is requested by The Arts Society HQ for everybody in case of an emergency on visits or at lectures).

Names of Next-of-Kin: 1	2
Phone/Mobile numbers: 1	2

How did you hear about the Society?.....

Would you like to help the Committee?.....

The subscription for the coming year is £25 per person.

Please make your cheque payable to The Arts Society Sarum and send it with this form signed and dated to:

Mrs Philippa Bell
27 Dorset Road
Salisbury
Wilts SP1 3BP (01722 331235)

NB. Please be aware that the information given will be stored on a computer and used only for administration of The Arts Society Sarum and The Arts Society HQ. The Arts Society Sarum cannot be held responsible for any personal accident, loss, damage or theft of personal property. Members are covered against proven liability to third parties.

I agree to details provided by me being held electronically by the Society and being used for society management and administration purposes.

Signed:.....Dated:.....