Farsley and District Art Club Membership Application Form

Full Name: _____ Date of Birth: _____

Address: _____

Town: _____ Postcode: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

We have a WhatsApp group, please tick if you wish to be included ☐

Are you happy for you and your work to be included in posts for the club's social media sites? Please tick if yes ☐

Art Interests

- Preferred Medium:
- [ ] Painting
- [ ] Sculpture
- [ ] Drawing
- [ ] Printing
- [ ] Others: _____

Experience Level:

[ ] Beginner [ ] Intermediate [ ] Advanced

Declaration

I apply for a membership of Farsley and District Art Club AND I hereby declare that the information provided is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of the Club.

Signature: _____ Date: _____

Subscription paid by cheque/card/bank transfer £45

Proposer: _____

Gift Aid

If you are a UK taxpayer, we are able to claim tax back on your subscriptions. In order for us to do this, please confirm by signing below.

I confirm that I am a UK taxpayer and that I wish Farsley and District Art Club to treat all donations made by me as a gift aid until a notify the club otherwise.

Signature: _____ Date: _____