

**MEMBERSHIP APPLICATION FORM**

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I/We wish to be put on the Waiting List to join the Colchester branch of the The Arts Society. I/We understand that a registration fee of £5.00 per person is charged, which will be deducted from my/our first year's membership fee.

BLOCK CAPITALS PLEASE:

TITLE..... FIRST NAME..... SURNAME.....

(JOINT MEMBER) TITLE ..... FIRST NAME ..... SURNAME .....

ADDRESS:.....

POST CODE:..... TELEPHONE NUMBER:.....

EMAIL ADDRESS.....

DATE: ..... SIGNATURE/S .....

Please complete the above form, sign and return it with your cheque to the Secretary:

Sheila McClure, High View, Beech Hill, Colchester CO3 4DU. Tel: 01206 970118

Please make cheques payable to 'Colchester DFAS'.

Name of Sponsor (if any) .....

*Your details will be kept safely and securely and you have the ability to opt out of our communications at any time and to have your details deleted from our records.*

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Please complete and detach this part of your form and keep it for your own record.

**The Arts Society Colchester**

Name: .....

Address: .....

Post code: ..... Tel: .....

Date: .....

Please advise of any change of address, telephone number or email address.