



MEMBERSHIP APPLICATION

Please complete in BLOCK CAPITALS

Name.....

Address.....

.....

Postcode.....Telephone.....

E-mail Address.....

Confirm Email.....

Cheques made payable to **Saffron Walden Art Society**. Please do NOT staple.

Bacs: Saffron Walden Art Society a/c 22559160, sort code 30-99-50. Please enter your name as reference.

FULL TIME STUDENTS **£5.00**

STANDARD **£20.00**

COUPLES (living at same address) **£35.00**

Send form & cheque to:

RUTH OINN 36 SAXON WAY SAFFRON WALDEN ESSEX CB114EG

Telephone: **07891592592** E-mail: **ruthoinn@gmail.com**

NB

You may be aware that the society holds your contact details on a computer database. For insurance purposes only, names are given to SAA (our insurer). Contact details are shared amongst members of the committee, at various times, for mailing, as required and when necessary. Details of the database are not shared or passed onto third parties. In addition, we assume that you are happy for your work to be included in the website, face book , Instagram and X (formerly twitter) unless you notify us otherwise.