

ARTS SOCIETY MEMBERSHIP APPLICATION

DATE.....

TITLE.....

SURNAME.....

FORENAME.....

ADDRESS.....

.....

POSTCODE.....

TELEPHONE.....

MOBILE PHONE.....

E-MAIL.....

Please return this form to

Mrs Christina Smith
Membership Secretary
Apt 3 Bay Tree House,
North Road
Hythe
Kent CT21 5FJ