

ARMADALE SOCIETY of ARTISTS (inc)

MEMBERSHIP FORM

SURNAME: _____

GIVEN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

MOBILE NUMBER: _____

DATE: _____ SIGNATURE: _____

FEES: FULL YEAR (FEB to DEC) \$50 PAID _____

THIS IS INFORMATION NEEDED IF YOU WANT TO BE INCLUDED ON THE WEBSITE

EMAIL / (OPTIONAL) _____

USE SOCIETY EMAIL ADDRESS ? _____

LOCATION (SUBURB) _____

MEDIUM _____

A DESCRIPTION OF YOU AND YOUR WORK (YOU CAN ATTACH ANOTHER PIECE OF PAPER IF YOU WISH

i.e. – How long a member – How long have you been painting – Awards (if applicable i.e. competitions won or highly commended) – Sales (if applicable) – Any training in painting or drawing – Why you have a passion for art. – Anything else you think of !!!

Members Signature _____

Date _____

Bring to the next meeting or post to –

Jean COPPENDALE, 15 Carlton Loop, Canning Vale 6155 - 9456 0362

