

**APPLICATION FOR FULL MEMBERSHIP STATUS**

**PLEASE READ THE GUIDANCE NOTES AND TERMS BEFORE COMPLETING THIS FORM IN BLOCK CAPITALS**

NAME:

EMAIL:

TELEPHONE:

I AM: AN ASSOCIATE /A NON-MEMBER

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| NO | TITLE OF WORK | MEDIUM/MATERIALS |
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I CONFIRM I HAVE PAID MY APPLICATION FEE OF £15.

BY APPLYING FOR FULL MEMBERSHIP OF WHOBIDARTS AND SUBMITTING THIS APPLICATION FORM YOU CONFIRM THAT YOU HAVE READ AND UNDERSTAND THE GUIDANCE NOTES AND AGREE THE TERMS.

Please return the completed form to info@whobidarts.co.uk **by midnight on Friday 7th February 2025**