



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

NO	TITLE OF WORK	MEDIUM/MATERIALS

I CONFIRM I HAVE PAID MY APPLICATION FEE OF £10

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 27th September together with your short statement.