Weald of Kent Art Society

www.wealdofkentartsociety.co.uk

President	Chairman	Treasurer	Website administrator	Secretary
Graham Lock	Clive Dand	Fani Azikri	Kate Rundell	Alison Chandler

Membership runs from 1st May each year. Activities include our exhibitions, a winter programme of demonstrations by professional artists, workshops, talks and members painting sessions. In summer, painting days are organised around the area. Members' work can be exhibited on the society's website and in our two exhibitions each year.

The MEMBERSHIP FEE for 2022/23 is £30 per year, with an additional fee of £1 at each meeting for refreshments.

**Please complete and return the form below to the Treasurer Fani Azikri at
58, Beacon Oak Road, Tenterden, TN30 6RP (Tel: 01580 761339) or by email to fazikri@gmail.com.
Your membership will be confirmed on receipt of your membership fee.**

WEALD OF KENT ART SOCIETY MEMBERSHIP APPLICATION FORM

Please complete this form CLEARLY and in BLOCK CAPITALS

Title……..Forename……………………………..................Surname…………………………………………………………

Address…….

……………………………………………………………………………………………Post Code…………………………………..

Email……………………………………………………………………………….............................Tel:……………………………………………

DELETE AS APPROPRIATE:
1. I have made a bank transfer to
A/c name: Weald of Kent Art Society, Sort code: 20-02-62 A/c no: 20098892 Ref: (Your name)
      OR
2. I enclose my cheque for membership payable to 'The Weald of Kent Art Society'

To meet the 'General Data Protection Regulations' we need you to read and sign the following:

I agree that WOKAS may keep details of my name, postal address, telephone numbers and email addresses for as long as I am member of WOKAS (and for a time after my membership ceases up to a maximum of twelve months). This information will not be shared with other parties. I agree that members of the WOKAS Committee may use this information to communicate with me about WOKAS and other art-related news and events. I am responsible for providing WOKAS with any updates of my name, address, telephone numbers and email addresses.

I understand that I can withdraw my consent for any of the above at any time by contacting the Secretary.

Name ……………………………………………… Signed…………………………………………………… Date…………………….