

ADUR ARTS FORUM MEMBERSHIP FORM

MR/MRS/MISS/MS (DELETE AS APPLICABLE)

NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

MOBILE: _____

EMAIL: _____

MEMBERSHIP NO. (if applicable) _____

I wish to renew my membership to the Adur Arts Forum and I enclose a cheque for £5.00 made payable to ADUR ARTS FORUM to cover my donation for the coming year.

I would like to become a member of the Adur Arts Forum and enclose a cheque for £5.00 made payable to ADUR ARTS FORUM to cover my donation for the coming year.

SIGNED: _____

DATE: _____

Please return this form with your membership fee to:

Adur Arts Forum
C/o Room 229, Adur District Council
Civic Centre, Ham Road
Shoreham-by-Sea
West Sussex
BN43 6PR

If you no longer wish to be a member of the Arts Forum or would like to be taken off our mailing list please tick the box and return this form to the above address.

I no longer want to be a member of the Adur Arts Forum, please remove me from your mailing list