

Registered Charity Number 1147593

MEMBERSHIP FORM

Please complete this form as fully as possible, sign and date it. Then return it to Alison Chantrey, Membership Secretary, LSA, 37 Binswood Avenue, Leamington Spa, CV32 5SE.

Personal Details:			
	First Name		
	Surname		
	Email Address		
	House number		
	Street		
	Town		
	County		
	Postcode		
	Telephone		
	Website address		
New Member/Renewal:			Tick Box
	New Member	<input type="checkbox"/>	
	Renewal (existing member)	<input type="checkbox"/>	
Membership Category:			
	Student Membership ¹ (£15)	<input type="checkbox"/>	
	Standard Membership (£25)	<input type="checkbox"/>	
	Family Membership ² (£30)	<input type="checkbox"/>	
(Student members) Expected Date of Graduation:			
(Family members) Name(s):			
(Family members) Email(s):			
(Family members) Website(s):			
(Family members) Phone No.(s):			
If you are an artist which type(s) of media do you work with?			
Photography <input type="checkbox"/>	Watercolours <input type="checkbox"/>	Oils <input type="checkbox"/>	Acrylics <input type="checkbox"/>
Sculpture <input type="checkbox"/>	Mixed Media <input type="checkbox"/>	Other:	
Volunteer Opportunity As a charity we rely on our dedicated team of volunteers			
Existing volunteer with us?	Yes <input type="checkbox"/>	Interested in volunteering	Yes <input type="checkbox"/>
Method of Payment:			
	Standing Order ³	<input type="checkbox"/>	
	Cash ⁴	<input type="checkbox"/>	
	Cheque ⁵	<input type="checkbox"/>	

Signature: _____ **Date:** _____

¹ Student Membership is available to under 18yrs or full time students with a student card.

² Family Membership is available to family members, including children, living at the same address.

³ Please complete the standing order mandate

⁴ Do not send cash in the post!

⁵ Make cheques payable to Leamington Studio Artists



Leamington Studio Artists Membership - Standing Order Mandate

Please complete and return to Alison Chantrey, Membership Secretary, LSA, 37 Binswood Avenue, Leamington Spa, CV32 5SE

Bank Name			
Bank Address			
Please Debit my account:			
Account Name:			
Account Number:		Sort Code:	
To pay:	Leamington Studio Artists (LSA), East Lodge, Willes Road Leamington Spa, CV32 4ER		
Payment Reference:	LSA Subs		
Beneficiary's Bank:	Lloyds, High Street, Coventry, PO Box 1000, BX1 1LT		
Account Number:	01956944	Sort Code:	30-92-33
Amount:	£25 (twenty five pounds)* £30 (thirty pounds)* £15 (fifteen pounds)*	Standard Membership Family Membership Student Membership	
Date of first payment:	Immediately		
And thereafter	£25 (twenty five pounds)* £30 (thirty pounds)* £15 (fifteen pounds)*	Every year on (insert date):	

* Delete as appropriate.

Until further notice in writing.

Please cancel all previous standing orders to Leamington Studio Artists.

Signature: _____ Date: _____