

Membership Application Form

To ensure we have the correct contact details for you, please complete and return this form to finance.hailshamartistsnetwork@gmail.com Please keep a copy of this form for your records.

Applicant Personal Details:

Name:

Please insert the information below to indicate the person(s) who should be contacted in the event of an incident/accident.						

Artist Details:

Describe your Art style						
Your Website Details						
Public Liability						
Do you have Public Liability Ir	surance					
Does the policy cover shows/v	work away from ho	me?				
Policy Number						
Policy Expiry Date						
		•				
Membership £12.00pa due on 1 you can join at any point through the year	st January (Memb	ership ı	runs 1st	Jan to 31	st Dec)	
Membership benefits: attend Hayour own artist's page and art e			ition of ex	chibiting	opportun	ities, create
Annual New						
Annual Renewal						
By completing this application connection with your HAN men		ermissi	ion to ho	ld and pr	ocess yo	ur data in
Signature						
Date	1					
Dute	J					
MEMBERSHIP BANK PAY	MENT DETAILS	: Llov	ds Bank	(

Account Name: Hailsham Artists Network

Account Number: 71985862

Sort Code: 30-98-97

Please use MEMB followed by your name as a reference

If you require any further information or clarification regarding this application, please contact:

Valerie Evans

Organization position: Secretary

Email address: info.hailshamartists@gmail.com

For Office Use	Membership Number:
Date Paid:	Processed by: