The Arts Society Lomond and Argyll

(Member of The Arts Society)

Membership Application Form 2023 – 2024

Please complete (in block letters), sign and return this form, with your cheque (if applicable) to:

The Membership Secretary, The Copse, Donaldson's Brae, Kilcreggan, G84 0JB

nickandjaned@btinternet.com

Name	e(s)
Addre	ess:
	Postcode:
Tel: _	E-mail:
	Please tick the relevant boxes
	I wish to join as a single member for £55.00

We wish to become joint members of The Arts Society Lomond and Argyll for £90.
I /We have paid my/our subscription by Bank Transfer to Sort Code 87-37-39 Account No: 00002234. Please use your surname, initial(s) as the reference.
I/we have paid my/our subscription by cheque payable to The Arts Society Lomond and Argyll. (Please do not use any other title).
Please tick here if you have any accessibility issues.

Your Membership Card will be sent to you in due course.

Preferred Method of Communication So that we can let you know about Society news and events, please tick the relevant box to indicate how you would prefer to be contacted by us in future.

E-mail (preferred	Telephone	Post

GDPR Compliance I/we understand that my/our details will be held by the Society under the EU General Data Protection Regulation (GDPR) as follows:

- Members' details will be processed fairly and lawfully in order to satisfy the agreement entered with you on your admittance to membership. This will ensure that you receive the latest news and information about all upcoming events.
- Members' details will be passed to "The Arts Society" to enable inclusion on the mailing of the quarterly magazine and other communications including information about any upcoming national events or items of legitimate interest.
- Members' details may be passed to "The Arts Society Area", or other affiliated societies for the purpose of disseminating relevant information of legitimate interest.
- Your details will be kept safely and securely, and you can opt out of our communications at any time

Signature:1___

_____ Signature 2 (If applicable) _____

Date: