

APPLICATION FOR MEMBERSHIP FORM.

Please print and complete this form and return it to the studio at Newcastle Art centre –
whether you are paying by cheque or bank transfer.

If you are paying by cheque, enclose the cheque with the form.

Please indicate as appropriate;

I wish to become a member of the North of England Art Club joining from 1st January 2025
1 year full membership. - £150

Concessionary membership (Applicants on Benefit) - £50

**ARTISTS WHO HAVE JOINED AS A CONCESSIONARY MEMBER MUST INFORM
THE CLUB IF THEIR CIRCUMSTANCES CHANGE.**

Student membership (Applicants on full-time education). - £50

No rebates are given if a member resigns during the year unless approved by Council due to exceptional circumstances.

Please tick: **A cheque(s) is/are enclosed**

I have paid by bank transfer

The bank account details are;

Account: North of England Art Club. Account Number; 70673811. Sort Code; 20-59-61

NAME (block Capitals please) _____

Address; _____

POST CODE _____

Telephone (preferred number for contact) _____

Email address _____

Providing this information also consents to us communicating with you through the email address you give. We will ONLY use it for communication about NEAC matters and events. We will NOT share your email with any other organisation without your prior consent. If an enquiry comes for you personally, or for you as a committee member, through the North of England Art Club email, we will forward it to you.

Please go to the MEMBERSHIP page on www.northofenglandartclub.co.uk to read and /or print the Policy Statements on Health and Safety, safeguarding of models and use of solvents and sign this form to confirm that you have read and will comply with them. The Statements are also on prominent display on the Club noticeboard and in the studio.

* I wish this payment and any donations and subscriptions I make in the future to the North of England Art Club (Registered Charity No. 512764) to be treated as a donation under Gift Aid. I confirm I am a UK taxpayer and my payments are at least equal to the amount reclaimed. I will notify the Club if I wish to cancel this declaration or if I no longer pay sufficient tax on my income.

Name (block capitals) _____

Signature

Date _____

* Delete as appropriate.