

# TAURANGA SOCIETY OF ARTISTS APPLICATION FOR MEMBERSHIP

Applicants please complete

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you hold Artistic qualifications? If yes state: \_\_\_\_\_

Have you been a member of any other Art Society, art club or class? (If yes state)

\_\_\_\_\_

State favourite media: \_\_\_\_\_

Why do you want to join the Society and what do you expect to get out of it?

\_\_\_\_\_

What would you like the Society to know, to support your application, when they consider your request for membership?

\_\_\_\_\_

What art experience have you had in the past?

\_\_\_\_\_

**Do you plan to participate in:** (*Tick or cross*)

Daytime activities?

Evening Group?

Weekend workshops ?

Practical Sessions?

Art in the Park ?

Seasonal Art Exhibitions?

Society Annual Exhibition?

All members are expected to assist the Society - in what way can you do this? (eg catering, kitchen, library, general maintenance, computer work or state other).

State what:

\_\_\_\_\_

**How do you wish to receive club communication if your application is approved?**

*(tick one box only)* By: Email  Post  collection from clubrooms

Is there any further information the Society should be aware of in considering your application for membership?

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**HEALTH AND SAFETY**

Do you have any disabilities, if so state?

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**SECURITY**

Have you ever been suspended or expelled from any other club or organisation? If yes state details:

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Are you known to police, or have a present or past police record, if so state details?

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**Sign declaration please.**

**DECLARATION**

☼ I willingly give information to the Committee members of the Tauranga Society of Artists to support my application and understand that the Society Committee has a right to vet this information.

☼ The information I have given is true and correct. I acknowledge that if I have given false information, it could result in automatic cancellation of my application and / or membership.

☼ I will abide by the Society rules and expected behaviours if my application to become a member of the Tauranga Society of Artists Inc is approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominated By: \_\_\_\_\_ Telephone No: \_\_\_\_\_

(Note: Nominator may be contacted to verify or seek further information about applicant).

Office use: Treasurer	Receipt No _____
Membership Secretary Database updated <input type="checkbox"/>	Card Issued <input type="checkbox"/> Nametag <input type="checkbox"/>