



Membership Form

Annual Fees 2027 £35

Status _____ First Name _____ Surname _____

House No or House Name _____

Street Name _____

Town _____ Post Code _____

Contact info - email address _____

Contact Telephone Number: _____

What groups are you currently joining.? _____

Are you able to Gift Aid your subscription? Please circle YES NO

In accordance with GDPR legislation, I agree that my email address and personal details may be held electronically by the Garstang & District Arts Society for membership purposes only. They will not be shared or disclosed to any other bodies and the records destroyed as soon as they are no longer required or once I cease to be a member.

Signed _____ Date _____

Bank Transfer:

Lloyds Bank

Garstang & District Arts Society

30-96-85

02862878

Cash:

To be left with a note in

the safe deposit box in the kitchen