



MEMBERSHIP APPLICATION FORM

Date of application: ____ / ____ / 201__

Surname: _____ Mr / Mrs / Miss / Ms / other: _____

Forename(s): _____ Known as: _____

Address: _____

Post Code: _____

Tel: _____ Mobile: _____

Email address: _____

Partner's name: _____

Department(s) in which you worked: _____

Base: Teddington / Euston / TCR / Hanworth / other – please specify: _____

It is ARTS policy to list the names, department and base of new members on the ARTS website, if you do **not** wish to be included, please tick here:

ONLY COMPLETE THE SECTION BELOW IF YOUR APPLICATION TO JOIN HAS ALREADY BEEN APPROVED

Annual Membership fee **1 April to 31 March** is currently **£19.00**. For applications made after **1 October** the fee is reduced to **£9.50**.

Please select your payment method

I enclose a cheque for **£19.00** (£9.50 after 1 October) payable to **ARTS**

OR

I confirm that I will immediately effect a Bank Transfer, for the appropriate amount, payable to:
Barclays Bank plc, George St, Richmond-upon-Thames TW9 1JU
Account: ARTS - Association of Reunited Thames Staff
Sort code: **20-72-17** Account no: **83123596**
Please include reference: "<your name> + ARTS".

Please complete this form and return it (with your cheque if that is your payment choice) to:

Bob Taylor (ARTS), 27 Heathpark Drive, WINDLESHAM, Surrey GU20 6JA

Tel: 01276 474319

Mob: 07879 233674

membership@arts-tv.org.uk