

APPLICATION FOR MEMBERSHIP

Surname:
Forename/s:
Address:
postcode:
tel:
email:
website:

MEMBER'S INFORMATION

To assist with event planning, please complete the section below. Please tick as many items as apply to you:

- I make and sell ceramics for a living
- I make ceramics as a hobby
- I study ceramics
- I teach ceramics
- I run a gallery selling ceramics
- I collect ceramics
- I am simply interested in ceramics
- I would be interested in running workshops
- I will submit up to 4 images for the website and portfolio

Data Protection

To comply with Data Protection legislation we must have your permission to store your contact details on our computer system. In joining NPA you have consented to your details being stored on our computer system.

Annual Fee paid

(please circle the one you choose)

- £22 (standing order)
- £25 (cheque or P.O.)
- £30 overseas member
- £34 joint membership (2 members at one address) paid by standing order
- £10 (full time student/unwaged)
(send evidence of eligibility—e.g. copy of SU card, UB40 etc.)

To become a member of NPA, complete this form and send it with a cheque for your fee, made payable to 'NPA' to:

Margaret Lawrenson, 'Seven Firs',
Kemp Road, Swanland, HU14 3LZ

t: 01482 634784

e: margaret@sevenfirs.karoo.co.uk

To pay by standing order, also complete the attached s/o mandate and **send it to your bank**.

Member's signature: _____

Date: _____

For office use:

Cheque/P.O. amount? _____

SO mandate included? _____

Details transferred? _____

Membership No.: _____

Date: _____

NORTHERN POTTERS ASSOCIATION



STANDING ORDER MANDATE

Date

ToBank/Bldg Soc

.....
.....
.....

Please make an immediate payment of £ as follows:

To:

The Co-operative Bank
PO Box 250, Delf House
Skelmersdale, WN8 6WT
SORT CODE 08 92 99

For the Account of:

Northern Potters Association
ACCOUNT NUMBER 65488052

Amount of payment £

Amount in words

Further payments to be made annually on the 10th of (month).....until further notice

Account to be debited
Account Number
Sort Code
Signature
Payment Ref: (print name of member)

THIS INSTRUCTION CANCELS ANY PREVIOUS ORDER IN FAVOUR OF THE BENEFICIARY NAMED ABOVE

WHEN COMPLETED, SEND THIS FORM TO YOUR BANK OR BUILDING SOCIETY