



Coventry and Warwickshire Society of Artists

Membership Application Form

Title: _____ Forename: _____ Surname: _____

Address: _____

Postcode: _____

Telephone: _____

e-mail: _____

If you do not supply an e-mail address we shall contact you by post.

Please return with a cheque for £15.00 made payable to CWASA to:-

Maureen Townsend
6 Dunblane Drive
New Cubbington
Leamington Spa CV32 7TJ

Please would you tick the appropriate boxes below.

I am:- Over 16 years of age
An absolute beginner
Intermediate level
Experienced

I would be interested in:-

Regular informal group painting sessions

Practical workshops / demonstrations

Painting days out / field trips

Group events such as coach trips

I would like to exhibit my work locally

I am willing to be on the committee

I agree to my details being held on computer,
and used for administrative purposes only.

I would like my artwork displayed on the website

Do not circulate my phone number

Do not circulate my Email address

If you do not want any of your details disclosed to
other members, please tick this box

Thank you for your interest in the Coventry and Warwickshire Society of Artists