



# The Arts Society Wellington

(Registered as the Decorative and Fine Arts Society of Wellington Incorporated)

**An international member of The Arts Society**

PO Box 19-030, Marion Square, Wellington 6141

W: [www.theartsociety.org/wellington](http://www.theartsociety.org/wellington) E: [wellington@theartsociety.org](mailto:wellington@theartsociety.org)

## Membership Application Form 2022

Title (*please circle one*) Dr Mr Mrs Ms Other.....

Last Name..... First Name.....

Preferred name for name tag.....

Email (*please print clearly*) .....

Address.....

..... Post Code.....

Telephone (*Home*) ..... Telephone (*Mobile*) .....

I wish to apply for Membership of The Arts Society Wellington. I agree to be bound by the Constitution, Rules and By-Laws as determined by the Committee and approved by The Arts Society in the UK and/or the New Zealand Companies Office. I agree that details of this application form may be used by the Society and I further agree to their disclosure to The Arts Society in the UK and other member societies for non-commercial purposes only.

I am willing to assist the Committee (*please tick box*) [  ]

Applicant Signature..... Date.....

Membership and general enquiries to Membership Secretary [Denise Almas]:

Telephone (04) 499 3115

Email [wellington@theartsociety.org](mailto:wellington@theartsociety.org)

### Membership Fees

Individual subscription per person, per year \$140.00

Couple living at same address, per year \$280.00

Applicants on the waiting list and guests may attend up to two meetings a year for a per lecture fee \$25.00

Members of other DFAS/Arts Societies in NZ \$15.00

***Please note that membership is not transferable***

### Payment

***The Arts Society Wellington currently has a waiting list. New members are invited to become members as vacancies arise and in the order in which their applications are received.***

***Please send no money until you are invited to become a member.***

Official Use only

Date Application Received.....

Lecture Programme Sent.....

Date Payment Received.....

Secretary Signature.....