Sutton Coldfield Society of Artists Membership Application

I would like to join the Sutton Coldfield Society of Artists and enclose herewith my cheque in the sum of £20.00.

First Name.....Surname.....Title.....Mr/Mrs/Miss/Ms

Address.....

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

Telephone No: .....Email.....Date.....

Cheques to be made payable to "Sutton Coldfield Society of Artists". Please return completed form to: - B M Sutton, Membership Secretary, 50 Darnick Road, Sutton Coldfield B73 6PF