



Thelma
Hulbert
Gallery

MEMBERSHIP APPLICATION FORM

Personal details

Surname: _____

First name(s): _____

Title (optional): _____

Second person if joint membership

Surname: _____

First name(s): _____

Title (optional): _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

I/We wish to apply for – please tick a box

Single annual £15 Joint annual £25 Individual Life £150

Joint life £250 Best friend £25

Please make cheques payable to 'Thelma Hulbert Gallery' and return this form to :

Thelma Hulbert Gallery
Elmfield House, Dowell St, Honiton EX14 1LX

I enclose a payment of £ _____

Plus a donation of (optional) £ _____

Total £ _____

Signed: _____

Date: _____

THANK YOU FOR CHOOSING TO SUPPORT
THELMA HULBERT GALLERY