**WJAS MEMBERSHIP APPLICATION FORM 2024/25***TO BECOME A MEMBER OF WJAS YOU* ***MUST*** *BE NOMINATED BY AN EXISTING WJAS MEMBER*

* NOMINATION PERIOD **FEBRUARY 1st 2024 – APRIL 30th 2024** - NO LATE NOMINATIONS ACCEPTED
* APPLICATION FORMS MUST BE SIGNED BY BOTH THE APPLICANT AND WJAS MEMBER - E-Signature accepted
* WJAS COMMITTEE WILL REVIEW THE APPLICATIONS DURING THE NOMINATION PERIOD
* NOMINEES WILL BE SENT AN INVOICE ONCE THEIR APPLICATION IS APPROVED
* WJAS ANNUAL MEMBERSHIP APRIL 1st – MARCH 31st - APPLICATION FEE $20.00 + ANNUAL FEE $60.00

PLEASE COMPLETE APPLICATION FORM AND EMAIL TO: wjartsociety@gmail.com
Please do not pay until you are advised your nomination is accepted

|  |  |
| --- | --- |
| Title (Mr/Mrs/Other) |  |
| SURNAME |  |
| FIRST NAME |  |
| ADDRESS |  |
| POST CODE:  |
| POSTAL ADDRESSIF DIFFERENT FROM ABOVE |  |
| PHONE |  |
| MOBILE |  |
| EMAIL ADDRESS |  |
| SIGNATURE & DATE |  |

|  |
| --- |
| **NOMINATED BY WJAS MEMBER** |
| NAME |  |
| EMAIL/PHONE |  |
| SIGNATURE & DATE |  |

Date Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_