



## Application Form

**Please enrol me as a member of the  
Friends of the Ferens Art Gallery**

Title: ..... (Mr/Mrs/Ms/Dr etc)

Name: .....

Address: .....

.....

Postcode: .....

Telephone No: .....

Email: .....

I enclose a cheque for £ ..... Annual Subscription  
and £ ..... Donation (if applicable)

*(The current subscription rate is £10 a year, per member. Please  
make cheques payable to The Friends of the Ferens Art Gallery)*

[ ] Please send me a Gift Aid form

[ ] Please send me a Bankers Standing Order form

Signature: .....

*Please note that under the Data Protection Act 1998 we are obliged  
to notify you that your membership (name, address and subscrip-  
tion) information may be held on a computer solely for the purposes  
of administration of the Friends, for which we claim exemption, as  
a club or society, from notification under the Act. Submission of this  
application will indicate that you have no objection to this.*

**Please return this completed form with your subscription to:**

The Membership Secretary  
The Friends of the Ferens Art Gallery  
c/o The Ferens Art Gallery, Queen Victoria Square  
Hull HU1 3RA

**Tel: 01482-613902**