Membership Application Form

**West Norfolk Artists Association**

Name

…………….

……………

Postal Address

Telephone

Mobile

Email

Website

We (WNAA) may publish a ‘ for members only’ list.

Please tick the information about yourself that you

would like to share. If you opt-in to the list you agree

not to circulate other member’s information

without their permission, in line with GDPR policy

and laws.

www.westnorfolkartists.org

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