



MALTA SOCIETY of ARTS

## MEMBERSHIP APPLICATION FORM

Name / Surname \_\_\_\_\_

Nationality \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Profession/Occupation \_\_\_\_\_

I.D. Card No: \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Special Interests \_\_\_\_\_

The Membership Fee is €15 for three years.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_