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MaltaSocietyofArts

MEMBERSHIP APPLICATION FORM

Name / Surname: _____

Address: _____

Email: _____ I.D. Card No: _____

Tel/Mobile No: _____ Occupation: _____

Applicant's Signature: _____ Date: _____

Membership Fee: €10 covering 1 year / €25 covering 3 years

Fees may be effected by Cash, Cheques (over €20) addressed to The Malta Society of Arts, or by Bank Transfer to:

Bank Name: Bank of Valletta plc

Bank Address: BOV, Republic Street, Valletta, Malta

IBAN Number: MT24VALL22013000000010203008019

Swift Code: VALLMTMT

I agree to receive the MSA online Newsletter.

FOR OFFICE USE ONLY

YEAR	DATE OF PAYMENT	RECEIPT NUMBER

Date of Approval: _____

Membership Number: