Professional - Application for Membership



I would like to apply for membership of Arts Centre Group. I am a Christian and I am pursuing a career in the arts or media.

| Please complete the following details: |
|---|
| Title Full Name |
| Professional Name (if different) |
| Address |
| |
| |
| Home Phone |
| EmailWebsite |
| Age Range (Please tick) 18 - 30 |
| Annual £25.00 (Jan-Dec) Pro Rata £12.50 (Jul-Dec) Quarterly £6.25 (standing order) Monthly £2.00 (standing order) |
| Overseas rate £35 per annum. |
| Please make a cheque payable to ACG Ltd. To set up a standing order or pay by direct bank transfer, tick here and the ACG office will contact you. |

| My ACG Sponsor is: | |
|---|---|
| Name | Signature |
| | Date |
| Professional Referee (someon | e who knows of your arts involvement) |
| Name | |
| Email or Postal Address | |
| | |
| Personal Referee (someone w | ho knows you as a Christian) |
| Name | |
| Email or Postal Address | |
| | |
| What is your arts discipline? (eg Actor Please give a brief outline of your arts | r, Broadcaster, Dancer, Fine Artist etc.) s or media career. |
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| | |
| Statement of Faith Membership of the Christian faith as revealed in the | of ACG assumes that you affirm the central truths |
| Your Signature | Date |
| Please print and return this form to: T | The Administrator, Arts Centre Group, |