

RBSA Associateship NOMINATION FORM 2027

Candidate.....

Proposer name

Proposer signature.....

Seconder name.....

Seconder signature

CANDIDATE'S CONSENT

I agree to be a candidate for Associate Membership of the RBSA and agree, if elected, to abide by the rules of the Society and advance its cause, and to pay the annual subscription fee due by **31 May** in the year of election and by **the AGM** of each year thereafter. I give my consent for my name to be published in the RBSA Members and Associates Directory and for the RBSA to retain my details to contact me regarding the Society by post, telephone and email. Under the Data Protection Act, 1998, this information will not be used for any purpose other than that stated on this form. I also agree to comply with the RBSA Policies and Procedures as specified in the Volunteer Handbook.

Signed.....

Address.....

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Date of birth (Archive purposes)

Telephone:

Email:

This form must be signed and completed and returned to the RBSA Gallery, 4 Brook Street, Birmingham, B3 1SA by 5.00pm on Thursday 18 March 2027.