

**MEMBERSHIP APPLICATION / RENEWAL FORM 2016/2017**

**WHITEHORSE ARTS ASSOCIATION INCORPORATED**

Registration Number: A0004943Z ABN 50 624 740 301 TAX INVOICE

I/We, .....  
(Given Name) (Surname)

.....  
(Given Name) (Surname)

apply for Membership/Renewal of Whitehorse Arts Association Inc. In the event of my/our admission as a member, I/we agree to be bound by the rules of the Association for the time being in force. These rules are on display at the clubrooms, on the website, or available on request from the secretary.

Signature(s): ..... Date: ...../...../.....  
..... Date: ...../...../.....

Address: ..... Postcode: .....

Telephone: ..... Email: .....

Please tick category of membership and art interests:

- Individual – \$50
- Family – 2 adults and any children under 16 – \$60
- Junior – includes non-earning students – \$15
- Associate/Affiliate – only available for students of our tutors – \$30
  
- Painting  Drawing  Pottery

Whitehorse Arts is a “not for profit” association of artists. As such it is necessary that all members take their turn in gallery activities as required. This is a condition of membership. Please indicate where you would be willing and able to help, or suggest other ways in which you can help.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Committee Member     | <input type="checkbox"/> Newsletter Production    | <input type="checkbox"/> Newsletter Assembly   |
| <input type="checkbox"/> Purchase of Supplies | <input type="checkbox"/> Social Activities        | <input type="checkbox"/> Maintenance Work      |
| <input type="checkbox"/> Class Tutor          | <input type="checkbox"/> Demonstration Assistance | <input type="checkbox"/> Workshop Coordination |
| <input type="checkbox"/> Gallery Management   | <input type="checkbox"/> Art Show Supervision     | <input type="checkbox"/> Art Show Organisation |
| <input type="checkbox"/> Catering Assistance  |   |  |
- Other: .....

Enclosed is payment of \$..... Cheques and Money Orders should be made payable to: **Whitehorse Arts Association Inc.**  
Please forward completed Application/Renewal Form with this payment to:

**METHOD OF PAYMENT, either:**  
**Cheque or Money Order payable to:**  
**Whitehorse Arts Association Inc.**  
Please send completed Application/Renewal Form OR  
with this payment to: **Colin Browne,**  
**4 Victory Street, MITCHAM VIC 3132**

**Bank Transfer to Commonwealth Bank**  
BSB: 063 888  
A/C No.: 10134434  
A/C Name: **Whitehorse Arts Association Inc.**  
Also email or post your contact details to us at:  
[dotandcol23@bigpond.com](mailto:dotandcol23@bigpond.com) (for our database).

**NOTE: This payment will make you financial until 31<sup>st</sup> December of the year of application/renewal.**  
**Payments after 1<sup>st</sup> September will make you financial until 31<sup>st</sup> December of the following year.**

**Privacy Requirements:**

The Executive advise that due to the Privacy Act, we are required to have your authorisation to be able to release any information pertaining to your membership or to include your details in any publication. We ask that the following authorisation be agreed to:

I/We authorise **Whitehorse Arts Association Inc.** to release my/our contact details to other Whitehorse Arts Association Inc. members, other organisations or persons for matters pertaining to the Association’s interests.

Signature(s): ..... Date: ...../...../.....  
..... Date: ...../...../.....