

**MEMBERSHIP APPLICATION/RENEWAL FORM 2021  
WHITEHORSE ARTS ASSOCIATION INCORPORATED**

**Registration Number: A0004943Z ABN 50 624 740 301**

I/we, .....  
.....  
(given name(s)) (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 - \$20
- Family - 2 adults and any children under 16 - \$30
- Junior - includes non-earning students - \$8

Whitehorse Arts is a “not for profit” association of artists. As such it would be helpful if all members take their turn in gallery activities as required. 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 Kitchen Supplies                      | <input type="checkbox"/> Social Activities              | <input type="checkbox"/> Maintenance Work      |
| <input type="checkbox"/> Class Tutor                                       | <input type="checkbox"/> Management of Members' Library | <input type="checkbox"/> Publicity Person      |
| <input type="checkbox"/> Demonstration Assistance - setting up chairs      | <input type="checkbox"/> Workshop Coordination          | <input type="checkbox"/> Art Show Organisation |
| <input type="checkbox"/> Gallery and Foyer Displays                        | <input type="checkbox"/> Art Show Supervision           | <input type="checkbox"/> Sponsorship Officer   |
| <input type="checkbox"/> Catering Assistance at Demonstrations & Art Shows |                                                         |                                                |
| <input type="checkbox"/> Social media advertising of upcoming events       |                                                         |                                                |
| <input type="checkbox"/> Other ways you could help .....                   |                                                         |                                                |

**METHOD OF PAYMENT, either:**

**1. Bank Transfer** to Commonwealth Bank: BSB 063 888, A/C No.: 10134434, name of Account: Whitehorse Arts Association Inc. (Remember to put your name on the deposit transfer).  
Also post or email your contact details to: Membership Secretary WAA, 4 Victory Street, Mitcham 3132 (email: dotandcol23@bigpond.com) for our membership database.

or

**2. Mail this form & cheque or money order to** Membership Secretary, Colin Browne, 4 Victory Street, Mitcham 3132  
**NOTE:** This payment will make you financial until **31st** 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.

or:

**3. Fill out the Membership form** at a workshop, tutored class or monthly demonstration, add the cash and give it to a committee member for forwarding to the Treasurer.

**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. We also authorise **Whitehorse Arts Association Inc.** to use photos of our artwork in our newsletters, website and Facebook.

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