

MEMBERSHIP APPLICATION
WHITEHORSE ARTS ASSOCIATION INCORPORATED

Registration Number A0004943Z ABN 50 624 740 301

NEW MEMBERSHIP **MEMBERSHIP RENEWAL**

Membership fees * *Individual - \$50.00*
 * *Family -2 adults and any children under 16 - \$60.00*
 * *Junior -includes students under 16 - \$15.00*

please tick

- INDIVIDUAL MEMBERSHIP \$50.00 yearly**

- FAMILY MEMBERSHIP \$60.00 yearly -2 adults and any children under 16**

- JUNIOR MEMBERSHIP**
Children under the age of 16 can apply for membership for \$15.00 yearly

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:

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, plus a class or membership reference).Also post or email your contact details to: Membership Secretary WAA, 4 Victory Street, Mitcham 3132 (email: dotandcol23@bigpond.com) for our membership data base.

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 **1st** September will make you financial until **31st** 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, and **I/We** agree to photographs of my artwork being reproduced in Whitehorse Arts Association’s Newsletter, Website and Social Media pages.

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