## MEMBERSHIP APPLICATION / RENEWAL FORM 2025 WHITEHORSE ARTS ASSOCIATION INCORPORATED

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

I/We,(Given Name) (Surname)			
(Giv	ven Name) (Surname)		
to be	y for <b>Membership/Renewal</b> of Whitehorse Arts Associate bound by the rules of the Association for the time being vailable on request from the secretary.		
Signature(s):		I	Date/
		Г	Date:/
Add	ress:		
Post	code:Telephone:	Email:	
Please tick category of membership and art interests:			
	Individual - \$50.00		
	Family – 2 adults and any children under 16 – \$60.00		
	Junior – includes non-earning students – \$15.00		
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.			
	Committee Member Purchase of Kitchen Supplies Class Tutor Demonstration Assistance – setting up chairs Art Show Supervision Catering Assistance at Demonstrations & Art Shows Social media advertising of upcoming events Other ways you could help	Newsletter Production Social Activities Management of Members' Library Workshop Coordination Art Show Organisation Photographer at special events Sponsorship officer	Newsletter Assembly Maintenance Work Publicity person Gallery & Foyer Displays
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 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. <b>Fill out the Membership form</b> 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 Evacutive advice that due to the Privacy Act we are required to have your outhorization to be able to release any information.			
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.			