Membership Application Form

ELLI MENADED		
FULL MEMBER \$25.00 PER YEAR		
Able to exhibit in Cardwell Gallery and Gift ShopDiscount on workshop fees		on of upcoming events and workshops and vote at meetings
ASSOCIATE MEMBER	\$10.00 PER YEA	
ASSOCIATE IVIEIVIDEN	l '	otification of upcoming events and workshops
		petings (no voting rights)
TYPE OF MEMBERSHIP (please circle)	FULL	ASSOCIATE
Please complete all details below – (artists, if yo	ou wish to displa	ay work please request Artist Membership pack)
Name: Mr/Mr/Ms/other First Name		
Name. Wil/Wil/Wis/Other First Name		
Last Name		
Postal Address		
		21
		Home Phone:
Mobile: Email:		
Artist Web Site: Artist Profile supplied Yes No		
email completed form to: cardwellgallery@hinchinbrookregionalarts.org.au		
Payment may be made by at the Cardwell Gallery & Gift Shop by credit card or cash or direct debit details below 👢		
Banking Details for Direct Debit HINCHINBROOK REGIONAL ARTS ASSOC.INC		
BSB 633000		
Account No. 133371781 Please place your name in the reference box as identification		
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Signature of Nominee		Date
OFFICE USE MEMBERSHIP NO		Welcome letter sent: Added to:
I nominate,		
Member HRA hereby nominate the abovenamed as a mer	mber of HRA	• membership book
		• all excel members lists
Seconded by		• email list PC
(Exec. committee member)		• E News email list