

Membership Application Form 2020-21

FULL MEMBER ASSOCIATE MEMBER	 \$25.00 PER YEAR Able to exhibit in Cardwell Gallery and Gift Shop. Receive e-mails of upcoming events and workshops. Discount on workshop fees. Attend and vote at meetings \$10.00 PER YEAR Receive e-mails of upcoming events and workshops. Attend meetings.
TYPE OF MEMBERSHIP (please circle)	FULL ASSOCIATE
Please complete all details below	
Name: Mr Mrs Ms First N	ame
Last Name	
Postal Address	
Phone: Email	:
Exhibiting Artist/Author/Craftsperson/creative in any media No Yes please complete Gallery space agreement	
email completed form/s 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	
Signature of Nominee	Date
OFFICE USE I, Member HRA hereby nominate the abovename as a member of HRA	Welcome letter sent: Date: d Added to member list Date:
Seconded by (Exec. committee member)	Added to email list Date: