

APPLICATION FOR MEMBERSHIP

DETAILS

| | | |
|---|----------------------|--------------------------|
| Name/s: | | |
| Address: | Suburb: | PC: |
| Phone : | Mobile: | email: |
| Your Areas of Interest: | | |
| Where did you hear about WTAG: | | |
| Date of Birth: | | |
| Membership fees due by or at AGM in April Renewing member PLEASE Tick Box PAYMENT | | <input type="checkbox"/> |
| Single Memberships: \$35 | Family : \$60 | |
| Payment Methods: Direct Deposit-- Money Order-- Cheque--Cash | | |
| Amount: | Date: | |
| BANK DETAILS: Heritage Isle Credit Union BSB: 807-001 Account No: 5157 - Ref: Surname <p style="text-align: center;">EMAIL OR POST COMPLETED FORM TO: P O Box 1194, Legana Tas 7277 or EMAIL: wtag1194@gmail.com</p> <p style="text-align: center;">Make payment payable to West Tamar Arts Group Inc.</p> | | |

NOMINATIONS FOR NEW MEMBERSHIP ONLY

The current below members, of West Tamar Arts Group Inc, know and nominate, applicant above for membership of the Association. Printed names and signatures required.

| | |
|---|---|
| Nominator 1: _____ <i>print name</i> | Nominator 2: _____ <i>print name</i> |
| Signature of nominator: _____ | Signature of nominator: _____ |

* West Tamar Arts Group Inc require a copy of a Working with Vulnerable People registration if volunteering with any child related activity. If you do not have one please let the Secretary know.

Signature of Applicant: _____

OFFICE USE

Membership list

Membership Card

For further information, please visit our site at: <http://westtamarartsgroup.com.au/>