

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

Single Memberships: \$35	Family : \$60
Payment Methods: Direct Deposit-- Money Order-- Cheque--Cash	
Amount:	Date:

BANK DETAILS:

Bank of Heritage Isle
BSB: 723-000
Account No: 5157 - Ref: Surname

EMAIL OR POST COMPLETED FORM TO:
P O Box 1194, Legana Tas 7277
or
EMAIL: wtag1194@gmail.com

Make payment payable to West Tamar Arts Group Inc.

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/>