

**ArtsNational Toowoomba (formerly ADFAS Toowoomba)
2024 Membership Application Form**

Title Dr Mr Mrs Ms Miss Other: _____

New member Returning member

Full Name: _____

Preferred Name: _____

New members only

Address: _____

Preferred Phone Number: _____

Email Address: _____

2024 membership subscription includes 8 lectures and AGM.

ADFAS Membership

Please select one of the following:

\$200 Membership Fee with emailed Newsletter

\$15 Printed Newsletter

Donation (towards Youth Arts Scholarship)

\$25

\$50

\$75

Other \$ _____

Total Payment - \$ _____

Payment Method

Cheque (made out to ADFAS (Toowoomba) Inc.)

EFTPOS (made out to ADFAS (Toowoomba) Inc.)

Bank Details

BSB: 638 060

A/c: 3384128 (3384128 S13 If transferring from Heritage A/c)

Description: Your surname and the words 'memb fee 24'

Please email advising of your payments to:

toowoomba@adfasc.org.au and cc to: susanbradshaw@gmail.com

You must complete this form so we can process your membership. Thank you.

Please mail this form (with your cheque if applicable) to:

Hon Treasurer

ADFAS (Toowoomba) Inc.

PO Box 1555

Toowoomba QLD 4350

Receipt No. (Office use only)

Academy ADFAS Travel

I agree that my email address may be forwarded to Academy Travel for the sole purpose of my receiving from them information relating to ADFAS travel.

I understand that I may unsubscribe from such messages at any time.