

MEMBERSHIP APPLICATION / RENEWAL FORM 2024

TITLE (Dr, Mr, Mrs, Ms, Other) _____

FIRST NAME(S) _____

SURNAME(S) _____

PREFERRED NAME FOR MEMBERSHIP BADGE _____

ADDRESS _____

Postcode _____

TELEPHONE Home _____

Mobile _____

EMAIL _____

| PAYMENTS | Amount Paid |
|---|-------------|
| 2024 Subscription Fees - Single \$160 - Couple \$275 (please provide both names above) | \$ |
| Young Arts Contribution Optional donation to support the annual Young Arts development programme \$10, \$20, \$50, Other | \$ |
| Total | \$ |

| PAYMENT OPTIONS (please tick payment method used) | |
|---|---|
| Direct Debit | Bank: Suncorp Bank BSB: 484 799 Account: 004003055 Reference: Please state your name so that we can identify the payment *Date transmitted: ... / ... / ... *Please complete |
| | Please email the Membership Secretary at membershipnoosaadfasc@gmail.com advising date of transfer, your name and all the relevant details requested above. |
| | Cash Payable to: Australian Decorative and Fine Arts Society Noosa Inc (please note: not ADFAS Noosa Inc) |

VOLUNTEERING

We need a reliable team to assist our catering co-ordinator with the catering and bar service for each lecture. If you are able to assist please indicate below and our roster co-ordinator, Erika Hackett, will contact you to confirm the roster date/s that will suit you.

- ☐ Helping with food preparation and service
☐ Bar service: setting up before the lecture and serving beverages (wine/soft drink) afterwards
☐ Dates (or months) I am not available _____
☐ I am available to be placed on the 'emergency helper' list Food ☐ Bar Service ☐

Public Liability Insurance: A \$20m policy is held by the Association of ADFAS which in turn covers all member societies including Noosa against potential claims under this type of insurance

Compliance with the Privacy Act: I consent to have my name and contact details added to the ADFAS database and for them to be used to provide information to me on ADFAS lectures, travel and news.

Members may unsubscribe from such messages at any time. **YES/NO** (please circle your choice)

Signature(s): _____

Please return this membership form by **31 January 2024** to:

The Membership Secretary, ADFAS Noosa Inc, P O Box 481, Noosa Heads, Qld 4567
or by email to: membershipnoosaadfasc@gmail.com