

## **APPLICATION FOR MEMBERSHIP - ARTSNATIONAL SYDNEY 2024**

Please return this signed form to: Carolyn Larkin at <u>admin@adfas.org.au</u> or 14/114 Pitt Street, Redfern, NSW, 2016. Phone: 0433 983 938

| Mem        | ber Details  |               |                   |  |  |
|------------|--|---------------|-------------------|--|--|
| Ti         | tle Name   |               |                   |  |  |
| Α          | ddress   |               |                   |  |  |
|            | Post Code  |               |                   |  |  |
| Er         | mail   |               |                   |  |  |
| Phone Home |  |               | Mobile            |  |  |
| I wish     | to attend Lectures a   | t:            |                   | 12.30pm  |  |
| Prefe      | rred Name for Memb   | ership (      | Card (if dif      | erent from above):   |  |
| Mem        | bership Fee  |               |                   | Sub-Total  |  |
| Ne         | ew Member  |               | \$225.00          | Includes \$30.00 Joining Fee   |  |
| Me         | ember renewal  |               | \$195.00          |  |  |
| Fυ         | II-time Student*   |               | \$60.00           | * Please provide copy of Student ID  |  |
| Sc         | hool Student   |               | \$0.00            |  |  |
| Ar         | ts Society Review  |               | \$40.00           | *3 copies incl. postage. Apply before 18.1.24.   |  |
|            |  | Toto          | ıl:               |  |  |
| Paym       | ent Details  |               |                   |  |  |
|            | Cheque Payable   | to: AD        | FAS Sydne         | y Inc.   |  |
|            | Internet/bank transfer: Account Name: ADFAS Sydney Inc. BSB:032 054 Account No: 316 218 Bank: Westpac Reference Field: Your name Please email adfas.eca@gmail.com to confirm your EFT transfer and return this form. |               |                   |  |  |
| ArtsN      | ational database, ar   | nd for it     | to be use         | o have my name and email address added to the d to provide periodical information to me about from these emails at any time. |  |
|            | I consent to my email address being provided to ArtsNational.  |               |                   |  |  |
|            | I acknowledge that my membership is not transferable.  |               |                   |  |  |
|            | c Liability insurance of<br>ational insurance poli   | -             |                   | ld by ArtsNational Sydney (Paddington) under the ince.   |  |
| Signature: |  |               |                   | Date:  |  |
| ArtsNatio  | onal is the business name of the Asso  | ociation of A | ustralian Decorat | ve 14/114 Pitt Street  |  |

Redfern NSW 2016

artsnational.au

and Fine Arts Societies Inc., ABN 17 348 238 697 . Patron Julian Bickersteth.