

**Memberships for our lecture season for 2024 are now open**

**A free guest ticket will be issued to every new member**

Your Name(s):.....

Email (preferred) or address:.....

.....Phone:.....

I/We wish: (Tick the appropriate boxes)

- to renew/apply for [ ] *pro-rata* adult membership(s) for 2024 at ..... \* (fill in rate as per scale below) **per person**
- to apply for [ ] youth (age 25 and under) membership(s) for 2024 at **\$100 per person\***
- to make an optional donation to support the ArtsNational Armidale Young Arts Fund in 2024 for the amount of \$ ..... added to my/our membership payment.

**\* Pro-rata rates 2024: April \$129, May \$118, June \$108, July \$75, August \$60, September \$45**

Please tell us how you heard about us? .....

Your Signature(s):.....

Date:.....

**Electronic Funds Transfer:**

Please Direct Credit your fee(s) to the following account, including your name(s) as the payment reference, as some financial institutions do not provide details of payee, to:

|                                      |   |
|--------------------------------------|---|
| <b>Account Name</b>                  | <b>ArtsNational Armidale</b>                                      |
| <b>Regional Australia Bank (RAB)</b> | <b>BSB 932000</b>   |
| <b>Account Number</b>                | <b>100310052 (RAB members use 729976S3 as the Account Number)</b> |

**When paying online, please return a scan or image of this completed form to our Membership Secretary at our new email address, [artsnationalarmidale@gmail.com](mailto:artsnationalarmidale@gmail.com) - even if you are renewing.**

**OR**

**Payment by Cheque:**

Please mail this completed form with your cheque, payable to ArtsNational Armidale, to:  
The Membership Secretary, ArtsNational Armidale, PO Box 1029, ARMIDALE NSW 2350.

**YOUR RECEIPT AND MEMBERSHIP PACK WILL BE AVAILABLE FOR YOU  
TO COLLECT AT THE NEXT LECTURE**

*Optional: Please add details of any family or friends who may be interested in joining ArtsNational Armidale:*

Name: ..... Email: .....

Name: ..... Email: .....

**Compliance with the Privacy Act:** By submitting this form I consent to have my name and contact details added to the ArtsNational Armidale database, and for that information to be used to provide periodical information to me about ArtsNational activities (lectures, travel and news). I may unsubscribe from such messages at any time by written request. **ArtsNational Armidale** is the new business name of Australian Decorative & Fine Arts Society Armidale Inc (ABN 81 734 702 341) **Public Liability Insurance** of \$20 million is held by ArtsNational Armidale under the Association of ADFAS's Insurance Policy.

**Questions? call 0460 649700 (Tom) or 0458 303101 (Trish)**