

APPLICATION FOR HALF YEAR MEMBERSHIP - ARTSNATIONAL SYDNEY 2024

Please return this signed form to: Carolyn Larkin at artsnationalsydney@gmail.com or 14/114 Pitt Street, Redfern, NSW, 2016. Phone: 0433 983 938

Member Details

Title	Name
Address	
Post Code	
Email	
Phone Home	Mobile

I wish to attend Lectures at: 12.30pm 6.00pm

Preferred Name for Membership Card (if different from above): _____

Membership Fee

Half Year Member \$97.50

Payment Details

- Credit Card at lecture
 Cheque Payable to: **ADFAS Sydney Inc.**
 Internet/bank transfer:

Account Name: ADFAS Sydney Inc. BSB:032 054 Account No: 316 218
Bank: Westpac Reference Field: Your name
Please email artsnationalsydney@gmail.com to confirm your EFT transfer and return this form.

Compliance with the Privacy Act: I consent to have my name and email address added to the ArtsNational database, and for it to be used to provide periodical information to me about ArtsNational activities. You may unsubscribe from these emails at any time.

- I consent to my email address being provided to ArtsNational.
 I acknowledge that my membership is not transferable.

Public Liability insurance of \$20,000,000 is held by ArtsNational Sydney (Paddington) under the ArtsNational insurance policy with TBIB Insurance.

Signature:**Date:**