



**ArtsNational Launceston**

(Trading as ADFAS Launceston Inc.)

(ABN: 16 630 263 813)

## 2025 MEMBERSHIP APPLICATION

**First Applicant: Title (Optional): Mr/Mrs/Ms or Other.....(Circle as applicable)**

<b>Surname</b>	<b>First Name</b>	<b>Phone/Mobile</b>
<b>Address</b>		<b>Postcode</b>
<b>Email</b>		

**Second Applicant: Title (Optional): Mr/Mrs/Ms or Other .....(Circle as applicable)**

<b>Surname</b>	<b>First Name</b>	<b>Phone/Mobile</b>
<b>Address</b>		<b>Postcode</b>
<b>Email</b>		

**Compliance with the Privacy Act:** I/ we apply to become a member of ADFAS Launceston Inc. for 2024 and consent to have my/our name(s) and email address(es) (where available) added to the ADFAS Launceston membership database, and for these to be used to provide periodical information to me/us about ADFAS activities. You may unsubscribe from these emails at any time. **Square reader database:** I/we give permission for my/our surname(s) and initial(s) to be added to this database for the purpose of electronic payment processing only.

Applicant 1 Signature: \_\_\_\_\_

Applicant 2 Signature: \_\_\_\_\_

### PAYMENT DETAILS

<b>Membership:</b>	First Applicant \$170 (\$165 pay by 31 Jan 25)	\$.....
	Second Applicant (Couple) \$320 (\$300 pay by 31 Jan 25)	\$.....
<b>Young Arts Donation:</b>		\$.....
<b>Total Payable:</b>		\$.....

### PAYMENT METHOD (Tick as applicable)

- ☐ Internet Banking: BSB: 633-000 Acc No. 162475040 (Payee Name as reference)
- ☐ Square Reader: Credit/Debit card at lecture/event

### FORM

**(Please return this form regardless of payment method)**

1. Email completed form to: [launceston@artsnational.au](mailto:launceston@artsnational.au)
2. Mail completed form to: PO Box 445, Launceston TAS 7250; or
3. Bring completed form to the lecture/event.