

JOIN US

Become a member of Artsivational Suns	nın	e Coast
Name		
Address		
Postcode		
Phone Mobile		
Email		
Compliance with the Privacy Act: I consent to have my name and contact details added to the ArtsNational database, and for them to be used to provide information to me on ArtsNational lectures and news.		
Your Preferred name		
(Please enter your preferred name for your membershi	p bo	adge)
Signature Date	,	
Public liability Insurance of \$20,000,000 is held by Arts Coast Inc under the insurance policy of ArtsNational A		
Membership Fee		\$ 155.00
Donation to Young Arts Program (option	al)	\$
TOTAL PAYMENT		\$
\square Bank Transfer \square Cash \square Cheque Attached		
Bendigo Bank, 72 Burnett Street Buderim QLD BSB: 633 000 Account Number: 162 281 307 Account Name: ADFAS Sunshine Coast Inc Reference: Your Surname, please .		
New Members: How did you hear about	Ar	tsNational?
☐ Friend ☐ BWMCA ☐ Facebook ☐ Pr	og	ram
\square Website \square Other (please specify) $_$		
If you are a new member, or an existing contact details have changed, please of this form and return it to the Membership Wednesday 31 January 2025. Email: orourke.merlej@gmail.com	om	plete and sign

ArtsNational Sunshine Coast PO Box 1592 Buderim Qld 4556

ABN: 91 792 901 750