2025 APPLICATION FOR NEW MEMBERSHIP

To join ArtsNational Adelaide, complete and send us this form

Please print your details clearly below

Title		Name (first member)			
Title		Name (second member)			
Pos	tal address				
				Postcode	
Em	ail				
Мо	bile				
Pre	ferred memb	ership badg	je nar	ne/s	
[]	I consent to having my name and contact details added to the ArtsNational database, for communicating ArtsNational lectures, news and surveys (in line with the <i>Privacy Act</i>).				
Pre	ferred sessio	n time (tick c	ne or	nly)	
[]	·				
[]] Evening – 7.30pm Burnside City Uniting Church				
Ca	n you help su	pport the ev	ening	sessions?	
[]	[] Yes, I can occasionally provide sandwiches for evening sessions				
Me	mbership co	mmitment	Pay	ment options	
[]	Single Double	\$180 \$330	[]	Cheque Payable to ADFAS Adelaide Inc	
[]	(living at the so Donation to Young Arts			Bank transfer BSB: 015 450 / Account: 181 648 163	
TOTAL PAID		\$	_	Email the receipt to the address below, using your name as the reference.	

Return your completed form

Post: ArtsNational Adelaide Inc

Ms Margaret Stableford, Membership Secretary

G01/87 Rondo Ave, Findon SA 5023

Email: margaretstableford46@gmail.com

