

# PORT MACQUARIE ART SOCIETY INCORPORATED

## Membership Application Form



### Applicant Information

Name:

E-mail:

Phone:

Current Address:

Town:

State:

Post Code:

### Emergency Contact

Name of a relative not residing with you:

Address:

Town:

State:

Post Code:

Phone:

Relationship:

### Spouse Information, if joint membership

Name:

E-mail:

Phone:

### Sponsor Information

I hereby declare that I am a member of the Society, and nominate the applicant, who is personally known to me, for membership of the Society

Sponsor's Full Name:

Date:

I hereby apply to become a member of the above named Incorporated Association. In the event of my admission as a member, I agree to be bound by the rules of the Society for the time being in force.

Signature of Applicant(s):

Date:

**FEE - Single \$25 (including GST) Double \$35 (including GST)**

Office use only