

**APPLICATION FOR RENEWAL OF MEMBERSHIP
OF GLEN INNES ART GALLERY INC.**

Incorporated under the Associations Incorporation Act 2009



I

(full name of applicant)

Of

(address)

Date

*** Please circle preferred contact method for newsletters & exhibition information**

Mobile Phone No **Home phone number**

Email:

Hereby apply to renew my membership of the Glen Innes Art Gallery Inc. and agree to be bound by the rules of the association for the time being in force. I enclose the fee of \$20, which includes my spouse/partner (if any)

Cash

EFTPOS

Direct deposit to: Regional Australia Bank

..... Signature of Applicant

BSB 932000 Acc 64314553

Include your name

GLEN INNES ART GALLERY INC

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71 Grey St PO Box 400

E giartgallery@gmail.com
Ph 67302610

www.gleninnesartgallery.com
ABN 14 894 255 322

Office Use Only - Receipt number: