

APPLICATION FOR 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 become a member of the Glen Innes Art Gallery Inc.

In the event of my admission as a member, I 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

BSB 932000 Acc 64314553

.....

Include your name

(Signature of applicant)

I

(full name)

A member of the association, nominate the applicant for membership of the association

.....

(Signature of proposer)

(Date)

I

(full name)

A member of the association, nominate the applicant for membership of the association

.....

(Signature of seconder)

(Date)

GLEN INNES ART GALLERY INC

Glen Innes Severn Learning Centre

E giartgallery@gmail.com

www.gleninnesartgallery.com

71 Grey St PO Box 400

Ph 67302610

ABN 14 894 255 322

Office Use Only - Receipt number: