



The BROUGHTON ART SOCIETY Inc.

269 Fullarton Road Parkside, SA 5063 Tel: 8272 7095

Postal: Box 84 Fullarton, SA 5063

MEMBERSHIP FORM

I wish to:

Become a member

Renew my membership

Give a donation

I would like to receive the Newsletter Yes/No Please remove my name from the mail list Yes/No

Please find enclosed payment for:

Member with a disability	\$5.00
Individual/Family Membership	\$10.00
Organisational Member	\$25.00
Honorary Life Member	\$NIL
Donation (donation of \$2.00 or more is tax deductible)	\$ _____

Total (inclusive of GST) to be paid on 1st February \$ _____

REASON FOR INTEREST (Please tick)

Person with disability Relative/Carer Professional Other

CAUSE/TYPE OF DISABILITY: e.g.

Physical/ Neurological Brain Injury Intellectual Sensory Other

Name: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Business Name: _____ **Phone:** _____

I agree to comply with all rules, terms and conditions of The Broughton Art Society Inc. and understand that The Society accepts no responsibility or liability in connection with my membership.

Signature: _____

Date: _____

Proposed By: _____

Seconded By: _____

FOR OFFICE USE ONLY:

DATE OF COMMITTEE MEETING:

OUTCOME:

TYPE OF MEMBERSHIP:

MEMBERSHIP NUMBER:

DATE RECEIVED:

AMOUNT:

RECEIPT NUMBER: