



Membership Application

* I, (full name)

* Of (residential address)

..... * Postcode

* Email

* Phone Mobile.....

* Emergency Contact details.....

wish to become a member of Toukley & Districts Art Society Incorporated and agree to abide by the rules as laid down by the society's constitution and its amendments.

- Membership requirements include duty of a **minimum** of 2 x ½ days or 1 full day per month at the gallery.
- Membership is only available to those 18 years and over.

* Signature * Date

Preferred medium e.g. oil, acrylic, watercolour, dry media, clay, wood, stone.....

(* required fields)

MEMBERSHIP FEES

<input type="checkbox"/>	Initial Membership of TADAS including TADAS Name Badge	\$20
<input type="checkbox"/>	If will be an Exhibiting member	Additional \$20
TOTAL paid		

Receipt Number: Payment Method: Cash/EFT Date: Accepted by: _____

<u>MEMBERSHIP SECRETARY</u>			
MEMBERSHIP LIST <input type="checkbox"/>	GMAIL <input type="checkbox"/>	ROSTER <input type="checkbox"/>	BADGE ORDERED <input type="checkbox"/>

<u>MEMBERSHIP SECRETARY</u>
ORIENTATION DATE:
..... / /