



VISUAL ARTS SOCIETY OF YASS INC APPLICATION FOR MEMBERSHIP

NAME:			
ADDRESS:			
POSTAL ADDRESS:			
EMAIL:			
MOBILE:		OTHER PH:	

In the event of my admission as a member, I agree to be bound by the constitution of the Society.

SIGNATURE OF APPLICANT:	
DATE:	

- Annual Membership Fee - \$30.00 (per financial year) payable with application
- Join after 31st December - \$15.00 (half financial year) payable with application

PAYMENT TYPE: Cheque Cash Bank transfer EFT

VASY POSTAL ADDRESS: 4 Wilson Place Yass, NSW 2582

FOR MORE INFORMATION PHONE: Judy McColl 0427571756 or Col Nelson 0439603005

FOR BANK TRANSFER/EFT TO WESTPAC YASS:

Please include your name on your EFT and/or deposit slip for a Bank Transfer

Acct Name: Visual Arts Society of Yass Inc.
 BSB: 032-771
 Account No: 203830

Being a member of the Society, I nominate the applicant for membership of the Society.

NAME OF PROPOSER			
SIGNATURE:		DATE:	

Being a member of the Society, I second the nomination of the applicant for membership of the Society.

NAME OF SECONDER			
SIGNATURE:		DATE:	

OFFICE USE:

- MEMBERSHIP APPROVED
- DATABASE ENTERED

- RECEIPT NUMBER: _____
- EMAIL LIST

- MEMBER NOTIFIED