



# PORT MACQUARIE ART SOCIETY INCORPORATED

## Membership Application Form

### Applicant Information

Name:

Email:

Phone:

Current Address:

Town:

State:

Post Code:

### Emergency Contact

Name of a relative not residing with you:

Address:

Town:

State:

Post Code:

Relationship:

### Spouse Information, if Joint Membership

Name:

Email:

Phone:

### Sponsor Information

I hereby declare that I am a member of the Society, and nominate the applicant, who is personally known to me for membership of the Society.

Sponsor's Full Name:

Date:

I hereby apply to become a member of the above named Incorporated Association. In the event of my admission as a member, I agree to be bound by the rules of the Society for the time, being in force.

Signature of Applicant(s):

Date:

**FEE – Single \$30 Double \$45**

Office use only