

APPLICATION FOR MEMBERSHIP

Name/s:	Date:
Address:	P/Code:
Phone:	Email:
Your areas of interest:	
Where did you hear about WTAG?:	
Date of Birth:	

Membership fees due by or at AGM in April

Renewing Member PLEASE Tick Box

Single Membership: \$35	Family: <input type="checkbox"/>
Payment Methods: (Please circle) Direct Deposit – Money Order – Cheque - Cash	
Amount:	Date Paid:
Bank Details: (Make payment payable to West Tamar Arts Group Inc.) Commonwealth Bank BSB: 067-022 Account No: 10088473 (Please include your Surname as Reference) EMAIL OR POST COMPLETED FORM TO: PO Box 1194 Legana Tas 7277 or EMAIL: wtag1194@gmail.com	

NOMINATIONS FOR NEW MEMBERSHIP ONLY

The current below (1 x committee) members of West Tamar Arts Group Inc, know and nominate applicant above for membership of the Association. Printed names and signatures required.

Nominator 1: <i>print name</i>	Nominator 2: <i>print name</i>
Signature of nominator:	Signature or nominator:

West Tamar Arts Group Inc require a copy of a Working with Vulnerable People registration if volunteering with any child related activity. If you do not have one, please let the Secretary know.

Signature of Applicant: _____

OFFICE USE Membership list Membership Card Committee Approved.
 For further information, please visit our site at: <http://westtamarartsgroup.com.au/>