

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 (membership year 1 April to 31 March)

Renewing Member PLEASE Tick Box

Single Membership: \$35	Family: \$60	Youth under 20 years: \$20
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>