

BOWRAVILLE ARTS COUNCIL Inc.
ABN 54 179 193 559

MEMBERSHIP APPLICATION

I.....
(full name of applicant)

of.....
(address)

Telephone No:..... Email:

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 Association for the time in force.

Dated:.....
(Signature of applicant)

.....
Full name of Proposer (a member of the association) Signature

.....
Full name of Seconder (a member of the association) Signature

Please tick the box that indicates type of membership.

☐ \$25.Full Adult Membership ☐ \$10.Junior Membership (under 14)

Are you joining one of our Sub-Groups?

☐ Bowraville Theatre Singers ☐ Nambucca Valley Writers Group ☐ Bowraville Theatre Players

Are you interested in joining our Volunteer team? ☐

We will contact you to explain the roles of volunteers.

Paying by Direct Deposit Bank details as follows:

BSB: 533 000

Acc/No: 32831295 - Bowraville Arts Council Inc.

Reference: **Your full Name**

Office Use Only

Payment:..... Receipt.....Input.....Mail out.....Mem.No.....

Sign & Date.....

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