

MEMBERSHIP RENEWAL APPLICATION

Type of Membership (Please tick) Single Family Social

Please print DATE.....

SURNAME

GIVEN NAME

ADDRESS.....

.....Post Code.....

Telephone No.Mobile No.....

E-Mail Address

NAMES OF OTHERS IN FAMILY (if Family Membership is required)

.....

PARTICULAR INTERESTS

I would prefer to receive my Newsletter by post e-mail

Enclosed please find my annual fee in cash cheque

direct deposit to Maitland Mutual BSB 646000 Acct 100073110

for the amount of \$.....

The annual fee is \$50.00 for a single member \$60.00 for a family.
\$25.00 for a social member - to receive the Newsletter only.

Membership renewal fees are due each June 30th

For the use of the gallery please read and sign the "Conditions of Use of Gallery" form

Please return this application with your fee to- **Membership Secretary**
PO Box 48, 2420 or the Gallery

**Your Membership card and monthly newsletter will be forwarded
to you on receipt of this application**

Office Use Only

Member No.....Receipt No.....Date.....

List Email Card sent