

The Gallery

684 Mt. Macedon Road
Mount Macedon 3441

APPLICATION FOR MEMBERSHIP

NAME

RESIDENTIAL ADDRESS

SUBURB P/CODE

POSTAL ADDRESS

SUBURB P/CODE

PHONE - **HM.** **MOB.**

E-MAIL

MEDIUM(S)

Members are rostered for duty one day per month.

PLEASE NOMINATE AT LEAST 2 DAYS IN ORDER OF PREFERENCE ON WHICH YOU ARE ABLE TO DO YOUR DUTY.

FIRST PREFERENCESECOND PREFERENCE.....

ARTIST'S PROFILE (Your work and something about yourself)

REASONS FOR WANTING TO JOIN

Prospective members will be advised as soon as possible after their work and application has been appraised at a General Meeting.

I have read and understand the Conditions of Membership.

I agree to comply with these Conditions and agree to pay the Joining Fee and Yearly Membership Fee as stated.

SIGNED DATE.....

OFFICE USE ONLY						
JF	DD/MM/YY	MS	DD/MM/YY	RES	DD/MM/YY	SIGNED