

Membership Application Form

ABN: 34 502 364 947

Name/s
Address
Suburb Postcode
Phone No Date Joined
Email

I am happy to receive flyers about events by email: D **YES** D **NO**

Membership Category

- D Single (Annual) \$30.00
- D Double (Annual) \$55.00
- D Single (5 years) \$120.00
- D Double (5 years) \$220.00
- D Corporate (Annual) \$120.00
- D Corporate (5 years) \$480.00

1/We enclose our payment of \$.....

Donation: \$

NB: All donations over \$2.00 are tax deductible

Total \$

Payment Options:

1. Circle : Visa Card / MasterCard & clearly write your Card

Number:.....

Please PRINT name of Cardholder

Card Expiry Date:..... Signature:

2. By EFT bank transfer: BSB: 015310, A/c No: 260911302. Please include your name and 'Membership' as a reference then send an email to the IAF Secretary (secretary.iaf@gmail.com) quoting the receipt number to confirm payment.

3. Cheques to be made payable to The Independent Arts Foundation

Please return your completed membership form and payment by email to secretary.iaf@gmail.com or by post to:

IAF Memberships
PO Box 452
North Adelaide SA 5006