

CROOKWELL DISTRICT ART GALLERY
P O Box 224, Crookwell NSW 2583

Application for Membership

I,
(full name)

of
(address)

.....
(address)

Phone:

Email:

hereby apply to become a member of the Crookwell District Art Gallery.

..... (applicant signature) (date)

Annual fee (1st July – 30th June): \$5.00

Please pay by cash, cheque or direct deposit to bank account as follows:

Cash:

Cheque:

(in favour of s355 Committee Crookwell and District Arts Council)

Direct Deposit: Name: s355 Committee Crookwell and District Arts Council
Bank: Commonwealth Bank
BSB: 062-530
Account: 1005 5799
REF: your surname

Office use only: Date..... Receipt no:
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