

## MEMBERSHIP FORM 2020

ADFAS Sunshine Coast Inc  
ABN 91 792 901 750

Dr / Ms / Mr / Mrs .....

Address .....

..... Postcode.....

Home Phone ..... Mobile .....

Email .....

*Compliance with the Privacy Act: I consent to have my name and contact details added to the ADFAS database, and for them to be used to provide information to me on ADFAS lectures and news.*

.....  
(Please enter your preferred name on membership badge)

Signature .....

*Public liability Insurance of \$20,000,000 is held by ADFAS Sunshine Coast Inc under the insurance policy of the Association of ADFAS.*

Membership Fee (9 lectures) \$150 \$.....

Couples Fee \$280 \$.....

Full-Time Student Membership Fee \$40 \$.....

(None of the above is transferable.)

Block Membership for Schools \$160 \$.....

(Conditions by arrangement with Society)

DONATION TO YOUNG ARTS PROGRAMME \$.....

(optional)

**TOTAL PAYMENT** \$.....

Cheque Attached  Direct Debit  Cash

Bank: Bendigo Bank Account Name: ADFAS

BSB: 633 000 Account Number: 162 281 307

Reference: **YOUR NAME**

**New Members: How did you hear about ADFAS?**

Friend  Newspaper  Radio  Brochure

Other  (Please specify) .....

*Please complete and sign this form and return it to the Secretary scanned & emailed, or by post or in person, whether paying by cheque, cash or direct debit by **Monday, 3 February 2020.***

**ADFAS Sunshine Coast Inc, P.O. Box 1592 Buderim Qld 4556**