

2020 MEMBERSHIP APPLICATION FORM

Dr/Mr/Mrs/Ms (first name):

Preferred name on membership badge:

Surname (s):

Address:

.....

Preferred phone number:

Email address (please print clearly):

.....

2020 Membership Subscription (includes 9 lectures, suppers and AGM and Christmas Party)

Subscription: \$155 per person

additional \$15 if you require newsletters to be posted.

Membership is not transferable

Returning member / New member

I include a donation of \$..... towards Youth Arts Scholarship

TOTAL PAYMENT \$.....

Signed Date / /2020

Cheque, made out to ADFAS (Toowoomba) Inc., enclosed **OR**

EFT, to ADFAS (Toowoomba) Inc. BSB 638 060, A/c 3384128

If transferring from a Heritage A/c use 3384128 S13

Description: your surname and the words 'memb fee'

Please email advising of your payment to

toowoomba@adfas.org.au

You MUST complete and return this form for processing.

Please mail this form (with your cheque if applicable) to:

Hon Treasurer, ADFAS (Toowoomba) Inc. PO Box 1555,

Toowoomba QLD 4350

Receipt No. (Office use only)

Academy ADFAS Travel

I agree that my email address may be forwarded to Academy Travel for the sole purpose of my receiving from them information relating to ADFAS travel.

I understand that I may unsubscribe from such messages at any time.