**Australian Decorative & Fine Arts Societies Inc** – **GOLD COAST SOCIETY**

ABN – 77 428 160 468 Group – Associate – Member of The Arts Society

**NEW MEMBERSHIP APPLICATION & SUBSCRIPTION 2021**

**Name 1…………………………………………………Name2*…………….………………………………………………………***

**Address *…………………………………………………………………………………………………………………………………..***

***…………………………………………………………………………………………………….* Post Code*………………………***

**Telephone (landline) *……………………………………*Mobile  *…………………………………………………***

**Email *…………………………………………………………………………………………………………………………… (*please print clearly)**

**I hereby apply for 2021 ADFAS Gold Coast Membership and I agree to be bound by the Constitution & Bylaws.**

**Signature 1 ……………………………….…………… Signature 2 ……………………………………………………. Date***………..………………….*

**Public Liability Insurance of $20,000,000 is held by ADFAS Gold Coast under the Association of ADFAS’s Insurance Policy with TBIB Insurance.**

**Compliance with the Privacy Act: I consent to have my name and email address (where available) added to the ADFAS database, and for them to be used to provide periodical information to me about ADFAS activities. You may Unsubscribe from these emails at any time by notifying the Membership Secretary at** membershipsecretaryadfasgc@gmail.com **or at PO Box 7737 GCMC Q 9726.**

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**Your 2021 Membership subscription is now due.**

**Please complete the following details and amounts:**

**Membership Subscription**

**Single $ 175 $ \_\_\_\_\_\_\_**

**Double (At one address only)** **$340 $ \_\_\_\_\_\_\_**

**Arts Society Magazine Subscription**

**(Payment must be received prior to 20th January, 2021) $ 30 $ \_\_\_\_\_\_\_**

**Donation to ADFAS Young Arts Projects (Optional) $ \_\_\_\_\_\_\_**

**Donation to the Patricia Robertson Fund (Optional)$** \_\_\_\_\_\_\_

 **TOTAL AMOUNT PAYABLE: $ \_\_\_\_\_\_\_\_**

**Dear Members, please note that Gold Coast ADFAS membership & any associated membership benefits are not transferable*.***

**Payment Options:** a) **Cheque** made payable to **ADFAS Gold Coast Inc.**

 Return cheque and completed form to

 **The Treasurer, ADFAS Gold Coast Inc.**

 **PO Box 7737 GCMC Q 9726**

Or b) **Direct Deposit:**

Account Name: **ADFAS Gold Coast Inc**.

 BSB **084 044** Account No **531 127 641**

 Return payment details and completed form to **carolalittle@bigpond.com**

**Enquiries: Membership Secretary, Cara Gordon** **caragordon44@gmail.com**

**OFFICE USE ONLY:** **Payment type:** Chq D.D Cash **Amount:** **$** \_\_\_\_\_\_ **Date Received**: \_\_\_\_\_\_\_\_\_\_\_