# **AUSTRALIAN DECORATIVE & FINE ARTS SOCIETY**

## **Mornington Peninsula Inc - ABN 51 654 880 821**

**NEW MEMBERSHIP APPLICATION 2022**

Title First Name Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE ONLY**

**Received: Amount M’ship $155 $290 Arts Soc $25**

**Payment EFTPOS Chq EFT C/Card**

**PAYMENT DETAILS**

**Single Membership fee** $155$ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Couple Membership fee** $290  $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**The Arts Society Review (international magazine)**

3 issues (orders close 19/01/2022) $25 $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Payment** $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT METHOD**

**EFTPOS**

**Cheque enclosed**

**EFT Payment**

Account Name: ADFAS Mornington PeninsulaBSB: 633 000 Account Number: 169 094 083

Include under Description or Reference your **Initial and Surname**

**Debit the selected card:  Mastercard  Visa Bank ID**

Number on card: **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** Expires: **\_\_ \_\_ / \_\_ \_\_**

Name on card: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CSC (on rear)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return completed form to ADFAS M P Inc, PO Box 572, Mornington 3931.**

**Public Liability Insurance of $20,000,000 is held by ADFAS Mornington Peninsula under the Association of ADFAS’s Insurance Policy with TBIB Insurance. 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 the emails at any time.**