**MEMBERSHIP RENEWAL APPLICATION**

**Type of Membership** *(Please tick)* Single Family Social 

*Please print* DATE....................................

SURNAME ………………………………….........…………………………..

GIVEN NAME ……………………………………………….....…………..…

ADDRESS..…………………………......……………………………..………  
  
………………………………….......………Post Code………………………  
  
Telephone No. …………………......…Mobile No.………………………...

E-Mail Address …………………......………………………………….……..  
  
NAMES OF OTHERS IN FAMILY (if Family Membership is required)

…………………………………......…………………………………………….  
  
PARTICULAR INTERESTS ..….....…………………………………………  
  
I would prefer to receive my Newsletter by post  . e-mail 

Enclosed please find my annual fee in cash  cheque 

for the amount of $…......………………….….

The annual fee is $50.00 for a single member $75 for a family.

$25.00 for a supporting member - to receive the Newsletter only.

***Membership renewal fees are due each June 30th***

**For the use of the gallery please read and sign the “Conditions of Use of Gallery” form**

Please return this application with your fee to-  **Membership Secretary**

**PO Box 48, 2420 or the Gallery**

**Your Membership card and monthly newsletter will be forwarded  
 to you on receipt of this application**

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Office Use Only  
  
Member No…….………..……Receipt No……………………Date……....…………

List Email Card sent 

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