

MEMBERSHIP APPLICATION

Your Local Arts Council (LAC) is **Arts Council Toowoomba Inc (ACT)**

Thank you for your application to become a member of Arts Council Toowoomba. ACT is part of an Australia-wide regional arts network. As a member you benefit from networking with other local creatives, the auspicing of any grants you apply for, and our advocacy for local art. ACT is volunteer organisation; the more you put in the more benefits you reap. ACT encourages new ideas, suggestions and we welcome volunteers.

MEMBERSHIP WILL BE VALID FOR 12 MONTHS FROM DATE OF PAYMENT RECEIVED

APPLICANT TO COMPLETE: Please use BLOCK letters

I,	would like to become a member of ARTS COUNCIL TOOWOOMBA	
Ordinary Membership - Single	\$20	
Ordinary Membership - Family	\$25	1-2 adults and up to 4 school aged children = maximum of 5 people.
Affiliate / Corporate Membership	\$50	Please designate two of members to represent you as members of ACT. These members shall have the same voting rights and benefits as an Ordinary Member.
Applicant Signature:	DATE	

By signing, you agree to support the aims of Arts Council Toowoomba Inc. (see Mission Statement & Objectives). ALL APPLICATIONS WELCOME.

CONTACT DETAILS:

Title or name of organisation		
Postal address		Post code
Phone:(AH)	(BH)	Mobile
Email		
ACT will keep you updated on performances, news, ideas and special offers. Your details will not be passed on to third parties.		
Occupation:		

FAMILY MEMBERSHIP Please list ALL FAMILY MEMBERS (up to 5) covered by this membership. Note: children school aged.
CORPORATE/ AFFILIATED DETAILS Please list & supply contact details for DESIGNATED MEMBERS (two only) covered by this membership
Applicant 1
Applicant 2
Applicant 3
Applicant 4
Applicant 5

Please return this form with payment to Arts Council Toowoomba for processing – PO Box 7173 Toowoomba South Q. 4350

PAYMENT: EFT, cheque or postal order. DO NOT send cash in mail. Bank details for **EFT: BSB – 638070, A/C# - 10258027**
 Please email application to: actmba@gmail.com (OR send via post (address above))

ACT OFFICE USE ONLY		
Receipt Number	Date payment received:	
Membership Number	Date Received	Initialled