

# Waimate Art Society Inc.

## MEMBERSHIP FORM FOR THE YEAR 1ST JUNE 2024 TO 31st May 2025

### Return Address

Treasurer: Vanessa Powell  
219 Pentland Hills Road  
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Secretary: Robert Ireland  
32 Willowbridge settlement road  
Waimate 7980  
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[cherobnz@hotmail.com](mailto:cherobnz@hotmail.com)

MEMBERSHIP RATES: **ADULT** \$30

**JUNIOR**(18 and under)\$15

**New Member YES/NO**.....

**Renewal of Membership YES/NO**.....

FIRST NAME.....	SURNAME.....
ADDRESS.....	
..... POSTCODE.....	
PHONE(HOME).....	(MOBILE).....
EMAIL.....	

SUBSCRIPTION \$.....
DONATION     \$.....
TOTAL         \$.....

**Direct credit:** Waimate Art Society Acct No. 01 0893 0059359 00 please include your surname and initials as reference. (WE CAN NO LONGER RECEIVE CHEQUES FOR PAYMENT)

**YES/NO** I require receipt.....

Signed .....Date.....

### Office use only

Receipt No.....(If Required)

Received by.....Date.....

*PRIVACY POLICY: Information collected will be stored securely, will not be disclosed to other parties, and will be erased after 12 months if subscription is not renewed.*