

WSA MEMBERSHIP FORM 2009/2010

(12 month membership from 01 Sep 2009)

Please return this form with payment to
Waikato Society of Arts PO Box 1018 Hamilton 3240

Your Contact Detail

Name _____

Mailing Address _____

Phone _____

Post Code : _____

Fax _____

Mobile _____

E-mail _____

(A) Subscription Type

Full Year Membership

Double \$65 (Seniors \$50)
Single \$45 (Seniors \$40)
Student \$20 (Please attach a copy of current Student ID)

Part Year Membership

(New members only; No art school discounts)

(1 April 10 – 31 August 10)

Double \$33 (Seniors \$25)
Single \$23 (Seniors \$20)
Student \$13 (Please attach a copy of current Student ID)

Amount (A) \$ _____

(B) I would like to make an additional contribution

Premises Fund Donation \$ _____

General Donation \$ _____

Amount (B) \$ _____

Total Amount (A) + (B) \$ _____

I would like to receive my Newsletter
by e-mail (in PDF format) Yes

Volunteering

I can help with (please tick if interested)

Newsletter Folding

Articles

Exhibitions /Art Awards

Committee

Hanging

Social Activities

Others _____

Payment method: Credit Card (Please fill below) Cheque Online Banking

Please charge my credit card

Credit card type: _____ Master / Visa

Credit Card Number: _____ - - - Expiry date / _____

Cardholder Name: _____

Cheque payable to Waikato Society of Arts

Online Banking 03 0306 0217827 000 (Please include your full name)

I consent to WSA collecting the personal contact details provided in this membership application/renewal, retaining and using these details for the purposes of communication with members and disclosing them only when the Committee resolves that the request is in the best interest of WSA and the individual involved. This consent is given in accordance with the Privacy Act 1993.

Signature _____ Date _____

For further information, please phone (07) 839-4481 or e-mail wsa@wsa.org.nz