

WSA MEMBERSHIP FORM 2010/2011

(12 month membership from 01 Sep 2010)

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

Your Contact Detail

Name _____

Mailing Address _____

Post Code : _____

Phone (day) _____

Phone (night) _____

Mobile _____

Fax _____

E-mail _____

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

(A) Subscription Type

Double \$65 (Seniors \$50)
Single \$45 (Seniors \$40)
Student \$20 (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) \$ _____

Volunteering

I can help with (please tick if interested)

Newsletter Articles

Exhibitions /Art Awards
Committee

Hanging

Social Activities

Others _____

Payment method:

Credit Card (Please fill below)

Please charge my credit card

Credit card type: _____ Master / Visa

Credit Card Number: _____ - - - Expiry date /

Cardholder Name: _____

Cheque Cheque payable to Waikato Society of Arts

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

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 _____

I was introduced by the following
WSA member

Name of the WSA member: