

Membership Form

**WARRNAMBOOL
ART
GALLERY**



- New Membership
- Renew Membership
- Gift [fill form with recipient details]

First Name _____ Surname _____

Address _____ Post Code _____

Phone _____ Email _____

Concession Card Number _____

Holders of a valid full time Student, Centerlink Healthcare, Pension or Veterans Affairs card will receive a discount off their membership fee.

Membership Type:

- Individual 1 year \$40
- Individual 1 year - Concession \$30
- Individual 3 year \$110
- Individual 3 year - Concession \$80
- Family 1 Year \$70
- Family 3 Year \$200
- Life Membership \$1000

Donation

I would like to make a tax-deductible donation towards the development and delivery of Gallery Education and Outreach programs Amount \$ _____

Total Payment [including donation]

\$ _____

Payment Method

- Paid on site
- Cash enclosed
- Visa
- Mastercard

Cardholder Name _____ Signature _____

Card Number _____ Expiry ____/____

I wish to be contacted by email only

Membership valid from ____/____/____ Membership valid until ____/____/____