



MEMBERSHIP FORM

Melville Community Arts Association Inc (MCAA)
PO Box 27, Applecross WA 6953
ph: 9330 2800 email: atwelart@inet.net.au www.atwellarts.com

Date: Receipt No.: Expiry Date:

- RENEWAL:** Family Name: Given Name:
- Tick here if all other information remains the same otherwise please fill out form below, as applicable.
- NEW MEMBER:** Family Name: Given Name:

Street Address: Suburb: Post Code:

Telephone: Mobile: Email:

Country of Birth: AUSTRALIA Other: (optional).

FEE CATEGORIES

- Family: \$80 per year Full Adult: \$55 Senior's Card: \$45 Pensioner/Health Card : \$35 Junior: \$25
- Age Group: 0 – 16 17 – 24 25 – 34 35 – 49 50 – 64 over 65

Atwell Art Gallery is a non profit centre and relies on volunteers' help to run efficiently.
Can you spare a small amount of time?

- I WISH TO BECOME A VOLUNTEER I WOULD LIKE MORE INFORMATION

Member's Signature: Date:



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