

NSACA Inc. MEMBERSHIP RENEWAL REQUISITE FORM

YEAR ENDING JUNE 30, 2011

\$70.00 if paid on or before 31/7/10

\$75.00 if paid after 31/7/10

Mr/Mrs/Ms _____ Membership# _____
(circle one) (given name) (surname)

Postal address _____

Residential address _____
(Only if different from above)

Email address _____
(Please print or use block letters)

Phone # _____ Mobile# _____

- Tick box if you would like to receive our **NEWSLETTERS** by email
 Tick box if you would like to receive **DELEGATE MEETING MINUTES** by email

BADGE OPTIONS

- Tick box if you would prefer the **USUAL MEMBERSHIP BADGE**.
 Tick box if you would prefer a **LAMINATED MEMBERSHIP CARD**.
(Lanyards are available for additional \$1.50 each)

Activity Groups you visit at Wallace House:

1. _____ 2. _____
3. _____ 4. _____

Do you have any disability/medical condition of which we should be advised? (Yes/No)
If yes, please advise _____

I hereby apply for NSACA Inc. Membership Renewal _____
(Member's signature)

PAYMENT OPTIONS

- By cheque payable to NSACA – P O Box 320, Tewantin 4565.
- By EFTPOS during office hours.
- By direct deposit –
Ac. Name: Noosa Shire Arts and Crafts Assoc. Inc.
BSB: 064449 (CBA)
Ac. No: 00140546
Ref: Please use your membership number.

PLEASE REMEMBER:

- To pick up your badge from the sign-in desk.
- To sign in every time you visit the House.
- To wear your badge when you are in the house.

OFFICE USE ONLY

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|-------------|--|------------------|--|
| Amount paid | | Date paid | |
| Receipt No. | | Received by | |
| Entered by | | Anniversary Date | |