

# MEMBERSHIP APPLICATION



Please forward completed form to: Otago Art Society Inc.  
First Floor, Dunedin Railway Station  
20 Anzac Avenue, Dunedin 9016  
otagoartsociety@xtra.co.nz

Or email to:

## Membership Year runs 1<sup>st</sup> June – 31<sup>st</sup> May

*(First time membership is half price when applied for between 1<sup>st</sup> January – 31<sup>st</sup> May with rebilling on 1<sup>st</sup> June)*

### MEMBERSHIP TYPE APPLIED FOR *(Please tick one):*

- |   |                            |
|---|----------------------------|
| <input type="checkbox"/> Individual   | \$65 /per membership year  |
| <input type="checkbox"/> Couple (2 at same address)   | \$85 /per membership year  |
| <input type="checkbox"/> Family (3 at same address)   | \$90 /per membership year  |
| <input type="checkbox"/> Youth (18 years and under) Birth Date: _____   | \$25 /per membership year  |
| <input type="checkbox"/> Dunedin School of Art Student (Enrolled Fulltime)<br>(Student I.D. required) Birth Date: _____ | \$25 /per membership year  |
| <input type="checkbox"/> Corporate  | \$240 /per membership year |

### PAYMENT METHOD:

- Online via Direct Credit to: Otago Art Society  
BNZ 02-0929-0274457-000  
Particulars: First Name  
Code: Surname  
Reference: Subs
- In person at Gallery – EftPos/Credit Card/payWave available

Date Paid: \_\_\_\_\_

### VOLUNTEERING: Yes, I would like to volunteer as follows -

- In the Shop
- With Exhibition set up
- At Opening Nights
- Other

### APPLICANT DETAILS:

First Name(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Name of Company / Business if for Corporate Membership:  
\_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*You will receive your monthly newsletter via email*

Bank Account No: \_\_\_\_\_

*You will receive any sale proceeds from your artwork via direct credit*

*PTO for Couple & Family Membership...*

# MEMBERSHIP APPLICATION

Continued...



For Couple and/or Family at same address – please fill in details of second person here

|   |                   |
|---|-------------------|
| <b>APPLICANT DETAILS:</b>   |                   |
| First Name(s): _____  |                   |
| Last Name: _____  |                   |
| Home Phone: _____   | Cell Phone: _____ |
| Email: _____  |                   |
| <i>You will receive your monthly newsletter via email</i>                     |                   |
| Bank Account No: _____  |                   |
| <i>You will receive any sale proceeds from your artwork via direct credit</i> |                   |

For Couple and/or Family at same address – please fill in details of third person here

|   |                   |
|---|-------------------|
| <b>APPLICANT DETAILS:</b>   |                   |
| First Name(s): _____  |                   |
| Last Name: _____  |                   |
| Home Phone: _____   | Cell Phone: _____ |
| Email: _____  |                   |
| <i>You will receive your monthly newsletter via email</i>                     |                   |
| Bank Account No: _____  |                   |
| <i>You will receive any sale proceeds from your artwork via direct credit</i> |                   |

|   |                 |              |
|---|-----------------|--------------|
| <b>OFFICE USE ONLY:</b>                                 | Membership No.: | Receipt No.: |
| <input type="checkbox"/> DataBase:                      | Entered By:     | Date:        |
| <input type="checkbox"/> PWL:                           | Entered By:     | Date:        |
| <input type="checkbox"/> Sent to Volunteer Coordinator: | By:             | Date:        |