



The Central Coast Art Society Inc.

MEMBERSHIP FORM 2024

Please choose:	<input type="checkbox"/> Renewing Member	Please note any changes in your details and return the form with your payment.		
	<input type="checkbox"/> New Member	Please complete the form and return with your payment.		
First Name:		Surname:		
Preferred Name for Membership Card if different:				
Street Address:				
	Suburb:		Postcode:	
Contact Phone Number:		Email Address:		
Please mark your membership level:		Annual Membership applies from 1 Jan to 31 Dec		
<input type="checkbox"/> Exhibiting Member \$30		<input type="checkbox"/> Social Member \$20		
Newsletters will be sent to your email address. Please make sure you add centralcoastartsociety@gmail.com to your trusted addresses				
Amount Paid	\$			
Please select your payment method				
<input type="checkbox"/> Bank Transfer	Receipt No.		Date Paid:	
<input type="checkbox"/> Cheque				
<input type="checkbox"/> Cash	Date Paid:			
Signature:			Date:	

Membership may be paid by either

By Mail: Mail form to
The Central Coast Art Society Inc., Att:
Membership Officer, PO Box 4168 East Gosford
NSW 2250
 Make cheques payable to The Central Coast Art Society Inc.

By Email: Send form to **memberships@ccas.au**
 after you make the payment by bank transfer
BSB 062 544 Account Number: 2802 2569
 Reference: 'MEM' then your surname and initial i.e.
MEMBrownB

Or paying in person at workshops

Office Use Only:

Date Paid:		Payment Method:		Card Sent Date:	
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