



The Central Coast Art Society Inc.

MEMBERSHIP FORM 2025

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

Please note: We reserve the right to distribute photos taken at our public events on social media, newsletters, and our website. Contact the CCAS Committee for further discussion.

Office Use Only:

Date Paid:		Payment Method:		Card Sent Date:	
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