Membership Form

Membership Fee: **$55.00 per annum** - Please note: This form *must* accompany your payment. Complete using BLOCK letters:

Title: Mr / Mrs / Ms / Other___

*First Name_____ *Surname_____

*Address:_____

_____ *Postcode: _____

•Telephone: Landline_____ Mobile: _____

E-mail: _____@ _____

If you would like to give and receive Birthday Cards Please include you DOB_____

* required information # to enable supply of newsletter • If urgent contact required

Please note, that under the *Incorporated Associations Act* you are required only to provide your name and address and/or email address. *To save on postage, the preferred delivery of the Guild's newsletter is by email.*

If you attend a Guild event, do you give your permission for the Guild to publish your image on the Guild's website? Please tick one - **Yes** ☐ **No** ☐

Preferred payment is by EFT (see banking details below). Please note: Pro rata fees are available under the Guild's constitution. See section *5.4 Annual Fees*

Cash payments only accepted at Guild meetings. Please DO NOT send cash by post.

Paid by (please tick method of payment) - Date Paid _____:

☐ EFT - Amount paid: $_____

Banking details: Bank of Queensland
BSB: 126 541
Account number: 22045523
Account name: Calligraphers' Guild of WA (Inc.)
Payee reference: MBSHP [your surname and initials]

Post membership form to:

Membership Secretary
Calligraphers' Guild of WA
PO Box 928
Claremont WA 6010

☐ Cash - Amount paid: $_____

Member Signature _____ Date _____