Shoalhaven Art Society Inc.

ABN 82516411848

To encourage the love and appreciation of visual art in all its forms

Email: info@shoalhavenartsociety.org



Membership Application

Name		Date
Address		
		Postcode
Phone/Mobile		
Email		
Art experience		
What skills or services can you volunteer to the running of SAS? (Please specify)		
	Financial year comm	nences 1 January each year
Membership period	1-year Adult	\$40.00
entry to all group exhil	bitions on payment of fe	neral meetings, workshop discounts where offered, e. Information for members is regularly posted on the il notifications and newsletters are sent to members.
Pay by direct debit to	:	
Bendigo Bank	BSB:	633 000
	Account number:	207 846 213

Reference: Mem + Initial and surname (e.g. MemJSmith)

Form can be sent by email to: info@shoalhavenartsociety.org or posted to Shoalhaven Art

Society, PO Box 377, Nowra 2541