



Membership Form

Membership Fee: \$50.00 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: _____ @ _____

* 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:

BSB: 126 572

Account number: 22045523

Account name: Calligraphers' Guild of WA (Inc.)

Payee reference: MBSHP [your surname and initials]

Cheque - Amount paid: \$ _____

Make cheques payable to

The Calligraphers' Guild of WA (Inc.)

Post cheque and membership form to:

Membership Secretary

Calligraphers' Guild of WA

PO Box 1089

Mandurah

WA 6210

Cash - Amount paid: \$ _____

Member Signature _____ Date _____