

MEMBERSHIP RENEWAL

Your Local Arts Council (LAC) is **Arts Council Toowoomba Inc (ACT)**

Thank you for your interest in becoming a member of Arts Council Toowoomba which is part of an Australia-wide regional arts network. As a member, you will enjoy many benefits including savings on great entertainment and access to the many programs and services offered by Queensland Arts Council. In addition, you will receive discounts from ACT's local business supporters and reciprocal discounts with other LACs throughout Queensland.

MEMBERSHIP WILL BE VALID FOR 12 MONTHS FROM DATE OF PAYMENT RECEIVED

APPLICANT TO COMPLETE:

Please use BLOCK letters

I, _____		would like to renew my membership of ARTS COUNCIL TOOWOOMBA
<input type="checkbox"/> I support the objectives of Arts Council Toowoomba (see Mission Statement and Objectives)		
<input type="checkbox"/> Ordinary Membership - Single	\$15	
<input type="checkbox"/> Ordinary Membership - Family	\$25	1-2 adults and up to 4 school aged children = maximum of 5 people.
<input type="checkbox"/> Affiliate / Corporate Membership	\$50	Please designate two of members to represent you as members of ACT. These members shall have the same voting rights and benefits as an Ordinary Member.
Applicant Signature:		DATE

CONTACT DETAILS:

Title or name of organisation		DOB	
Postal address			Post code
Phone:(AH)	(BH)	Fax	
Email			
QAC and ACT will keep you updated on performances, news, ideas and special offers. Your details will not be passed on to third parties.			
Occupation:			

FAMILY MEMBERSHIP Please list ALL FAMILY MEMBERS (up to 5) covered by this membership
CORPORATE/ AFFILIATED DETAILS Please list & supply contact details for DESIGNATED MEMBERS (two only) covered by this membership

Applicant 1	DOB
Applicant 2	DOB
Applicant 3	DOB
Applicant 4	DOB
Applicant 5	DOB

Please return this form with payment to Arts Council Toowoomba for processing – PO Box 1421 Toowoomba Q. 4350

PAYMENT: cheque, postal order or EFT only. DO NOT send cash in mail.
 Bank details for EFT: BSB – 638070 A/C# - 10258027. Please send application form in mail.

ACT OFFICE USE ONLY	
Receipt Number	Date of payment received

QAC OFFICE USE ONLY		
Membership Number	Date Received	Initialled