Annual membership application form

Annual membership is based on the calendar year (January–December).

ETTALONG BEACH
Arts & Crafts Centre Inc.

PO Box 158, Ettalong Beach 2257
ABN 69-833-623-936

Please print clearly

Name: _____

Address: _____
(*optional)

_____

_____

Email*: _____

* If you do not provide an email address, a postal address is required.

Mobile: _____

Home Phone: _____

☐ I have been an EBACC member in a previous year.
Please tick or leave blank

Year: _____

Term: _____

Class: _____

Day: _____

Time: _____

If enrolling in more than one class:

Class: _____

Day: _____

Time: _____

Payment details

☐ I have paid cash to _____

Date _____

☐ I have paid via a bank transfer

Amount transferred: _____

Date transferred: _____

Account name: _____
the transfer was made from - if not under the name on the class enrollment

Transfer funds to:

Account name: EBACC

BSB: 032527

Acc: 363533

Please include:
your **name** and **class** in the payment description/ reference.

I will be bound by the constitution and policies of this centre (a copy of the constitution is on the noticeboard).

I understand that fees paid are non- refundable under any circumstances.

☐ I am ☐ I am not, happy to have my photo appear on EBACC's web site and in advertising etc.

Signature: _____ **Date:** _____

Office use
Nominated by (Committee member)**:** _____

Accepted by (Committee member)**:** _____