



arts access statewide...

Membership Application/Renewal

Kenilworth Arts Council Inc. PO Box 123, Kenilworth Queensland, 4574

Congratulations on becoming a member of your Local Arts Council. You are now part of the 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. Thank you for your commitment to the cultural life of your community.

**Renewing Members, whose details have not changed, please complete Section A only.
New Members please complete Sections A & B.**

PLEASE PRINT CLEARLY IN BLOCK LETTERS.

SECTION A Renewing members please tick this box

Single Membership \$25 **Family Membership \$30** (please tick box for required option).
Queensland Arts Council policy is that a Family Membership can contain 2 Adults and up to three school age children however Local Arts Councils may vary this policy.

APPLICANT'S NAME _____

APPLICANTS SIGNATURE _____ DATE _____

(MUST BE FILLED IN. YOUR MEMBERSHIP WILL BE VALID FOR 12 MONTHS FROM THIS DATE)

NOTE: If you are a renewing member and your details have changed since your last renewal please note changes in Section B where appropriate.

SECTION B

APPLICANT DETAILS (The name/s indicated here will appear on your Membership card and will be to whom all correspondence is addressed).

MR/MRS/MS/DR _____

ADDRESS _____

P/CODE _____

PHONE (h) _____ (w) _____ (mobile) _____

EMAIL _____

Family Membership Details

Please list the names and age ranges of ALL MEMBERS covered by this membership.

(A) Under 18 **(B)** 18 — 26yrs **(C)** 27 — 35yrs **(D)** 36 — 50yrs **(E)** 51 — 65yrs **(F)** Over 65

APPLICANT _____ AGE FAMILY MEMBER 4 _____ AGE

FAMILY MEMBER 2 _____ AGE FAMILY MEMBER 5 _____ AGE

FAMILY MEMBER 3 _____ AGE

The above information is collected by your Local Arts Council and Queensland Arts Council solely for the distribution of information in relation to both organisations' services.

QAC OFFICE USE ONLY		
MEMBERSHIP NO: _____	DATE RECEIVED: _____	DATE DESPATCHED: _____