



**Society of Mountain Artists Inc.**  
**APPLICATION FOR SINGLE OR JOINT MEMBERSHIP**  
 Incorporated under the Associations Incorporation Act 2009

Email Form to secretary@mountainartists.org or Mail: PO Box 76, Wentworth Falls, NSW 2782

TITLE: Dr. Mr. Mrs. Miss Ms. (please circle)

GIVEN NAMES: \_\_\_\_\_

If you prefer to use a particular name, please indicate: \_\_\_\_\_

**SINGLE MEMBERSHIP**

SURNAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

TITLE: Dr. Mr. Mrs. Miss Ms. (please circle)

GIVEN NAMES: \_\_\_\_\_

If you prefer to use a particular name, please indicate: \_\_\_\_\_

**JOINT MEMBERSHIP  
At same address**

SURNAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Newsletter by E-MAIL ? (Y/N) \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

**ABN**

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1. I/we hereby apply to be admitted as a member of the above mentioned incorporated Association
2. If this application is approved, I/we agree to pay all charges required by the Society, a list of which has been supplied to me/us and I/we agree to be bound by the Constitution of the Association for the time being in force.
3. I/we am/are over the age of eighteen (18) years

SIGNATURE OF APPLICANT(S): (1) \_\_\_\_\_ (2) \_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

Single Membership: \$40  or  
 Family membership: \$70  two family members at the same address  
 Add \$15 if you want Newsletter by post   
 Total = \$ \_\_\_\_\_

\_\_\_\_\_ Payment made by Cash or Direct Debit Transfer Code \_\_\_\_\_

DIRECT DEBIT: SMA BSB: 633000 A/C No.: 149824328  
 Your reference: \_\_\_\_\_ (SMA1+your initials + surname. ie SMA1jfcitizen for John F Citizen)

**OFFICE USE ONLY:**

Cash/Direct Debit Transfer Received on: \_\_\_\_/\_\_\_\_/20\_\_

List \_\_\_\_\_ Newsletter \_\_\_\_\_ Receipt Number \_\_\_\_\_

<b>HOBBYIST</b>	<b>YES</b>	<b>NO</b>
Please tick ✓	<input type="checkbox"/>	<input type="checkbox"/>