



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

Send Forms and Payment to: Society of Mountain Artists Inc., 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: _____ SURNAME: _____ OCCUPATION: _____	SINGLE MEMBERSHIP
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TITLE: Dr. Mr. Mrs. Miss Ms. (please circle) GIVEN NAMES: _____ If you prefer to use a particular name, please indicate: _____ SURNAME: _____ OCCUPATION: _____	JOINT MEMBERSHIP At same address
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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 Joining Fee - \$50 or
 Family Membership Joining Fee- \$90 two family members at the same address
Total = \$ _____

Please find enclosed Cheque / Cash / Postal Order / Direct Debit Transfer Code

DIRECT DEBIT: SMA BSB: 633108 A/C No.: 149824328
Your Reference: _____ (SMA1+your initials +surname. ie SMA1jfcitizen for John F Citizen)

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

OFFICE USE ONLY:

Payment by: Cheque Cash Postal Order Received on: ___/___/20__

Board Approval Dated ___/___/20__

List _____ Newsletter _____ Receipt Number _____ Badge(s) _____