



# Arts Upper Murray

ABN 48 432 557 650  
ACN A0040716C

# Membership Application

Please print or type when filling application. Provide all information requested. Membership not valid until payment is received.

Last Name		First Name		Middle Initial	Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Title		Company / Employer				
Mailing Address		Suburb		State		Post Code
Country		Telephone Number		Fax Number		Email Address
<b>For Group Membership Only</b>		Primary Group Contact Person (receives group communications)		<b>Membership Transfers</b>		Previous Group Names
<input type="checkbox"/> I am joining under new group membership		<input type="checkbox"/> I am joining under existing group membership (please specify)		I am replacing an existing group membership (please specify)		

<b>MY/OUR INTERESTS ARE</b> (select as many as apply)		<b>I WOULD LIKE TO VOLUNTEER FOR:</b> (select as many as apply)	
<input type="checkbox"/> Fine Art <input type="checkbox"/> Sculpture <input type="checkbox"/> Architecture <input type="checkbox"/> Graphic Design <input type="checkbox"/> Textile Art <input type="checkbox"/> Music <input type="checkbox"/> Photography <input type="checkbox"/> Dance <input type="checkbox"/> Poetry <input type="checkbox"/> Literature		<input type="checkbox"/> Folk Art <input type="checkbox"/> Theatre <input type="checkbox"/> Film <input type="checkbox"/> Digital Art <input type="checkbox"/> Experimental Art <input type="checkbox"/> Other (specify): _____	
		<input type="checkbox"/> Event Coordinator <input type="checkbox"/> Fundraising <input type="checkbox"/> Administration <input type="checkbox"/> Box Office/Ticket Sales <input type="checkbox"/> Marketing/Promotion <input type="checkbox"/> Workshop Leader <input type="checkbox"/> Day-Of Labour <input type="checkbox"/> Program Development <input type="checkbox"/> Other (specify): _____	
Volunteering at Arts Upper Murray or with any of the active arts groups is not only a great way to stay involved in your community, but brings you benefits like discounted or free tickets to events, early-bird specials and other opportunities.			

If your membership was encouraged by a current AUM member, please tell us!

Referred by: \_\_\_\_\_

<b>How did you hear about Arts Upper Murray?</b>		
<input type="checkbox"/> Attended an event	<input type="checkbox"/> Internet search engine	<input type="checkbox"/> Arts conference
<input type="checkbox"/> Poster/Brochure	<input type="checkbox"/> Banner ad online	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Magazine ad	<input type="checkbox"/> Other web site	
<input type="checkbox"/> Magazine / news article	<input type="checkbox"/> Email / newsgroup	

Five (5) easy ways to sign up for membership:

Fax: 02 6077 9259  
Phone: 02 6077 9290  
Email: info@artsuppermurray.org.au  
Internet: www.artsuppermurray.org.au  
Mail to: Arts Upper Murray  
PO Box 161  
CORRYONG VIC Australia 3707

**Sign me up – I want to start enjoying the benefits of membership in ARTS UPPER MURRAY today!**

Individual membership fees: <input type="checkbox"/> \$40.00 – FAMILY Member <input type="checkbox"/> \$20.00 – INDIVIDUAL Member <input type="checkbox"/> \$15.00 – STUDENT/SENIOR/CONCESSION		Group membership fees: (submit group with single payment indicate primary contact person) <input type="checkbox"/> \$60.00 / Group - for affiliated groups under the Arts Upper Murray umbrella. Group membership entitles members to public liability insurance, assistance with fundraising and grant applications, administrative support, a committee seat at AUM meetings, marketing & promotion assistance and access to State and Commonwealth government arts organisations.		Membership Owned by: <input type="checkbox"/> Individual <input type="checkbox"/> Group	
Method of payment: <input type="checkbox"/> Cheque / Money Order (payable to Arts Upper Murray Inc.)		<input type="checkbox"/> Cash		<input type="checkbox"/> Bank Transfer	
Bank Details: WAWCU BSB 803-070   Account: 83689 S13		<b>For Office Use Only</b>			
Family Membership ONLY—please indicate the additional members in your household who will be included in this application:  2 <sup>nd</sup> Member: _____ 3 <sup>rd</sup> Member: _____ 4 <sup>th</sup> Member: _____ 5 <sup>th</sup> Member: _____					
Applicants Signature: _____ Date: _____					
		Received By: _____		Membership Number: _____	