



SOUTH COAST PASTEL SOCIETY INC.

(INCORPORATED UNDER THE ASSOCIATIONS INCORPORATION ACT 2009)

ABN: 63545522062

Application for Membership

I
(FULL NAME OF APPLICANT) DATE OF BIRTH

OF
(ADDRESS)

OCCUPATION.....PHONE NOMOBILE.....

EMAIL
(Helps us keep you up to date regarding Society business)

Hereby apply to become a member of the South Coast Pastel Society Inc. If my application is successful, I agree to be bound by the rules of the Association. **I have read and agree to abide by the Society's** Policies and Procedures YES

I hereby give my permission for my contact details to be made available to members within the Association. Please Tick one YES NO

I hereby give permission for photographs of my activities within the Association which may be taken, to be used for promotional purposes such as newsletters, flyers, advertising etc. (please indicate)
YES NO

SIGNATURE OF APPLICANT..... Date.....

I
Being a member of the Association, nominate the applicant for membership to the SCPS.

Signature of Proposer.....Date.....

I
Being a member of the Association, second the nomination for membership to the SCPS

Signature of Secunder.....Date.....

Membership forms can be returned to the **Secretary PO Box 698, Batemans Bay NSW 2536**

Current 2022/23 Membership Fees \$40 (adult), \$18 (under 18 years) or \$25 (Country - outside Eurobodalla Shire area) to accompany completed application.

**Direct Deposit – Sth Coast Pastel Society Inc. Commonwealth Bank
BSB 062650 A/C 00900923 Description - (Name /Membership)**

Email: southcoastpastelsociety1@gmail.com Web: www.southcoastpastelsociety.com