



**KILCOY ART SOCIETY INC (KASI)**  
 35 Hope Street / PO Box 162, Kilcoy, Qld. 4515  
 Ph: (07) 5497-2000  
 Website: [www.kilcoyart.org.au](http://www.kilcoyart.org.au)  
 Email: 'Contact us' via above website  
**ABN 41 492 607 859**

## KASI MEMBERSHIP APPLICATION

NAME		
ADDRESS		
PHONE	HM:	MOB:
EMAIL		

I would like to **JOIN / RE-JOIN** (*please circle one*) the Kilcoy Art Society Inc (KASI) as:

<input type="checkbox"/> An Exhibiting member	<input type="checkbox"/> A Non-Exhibiting member
<input type="checkbox"/> A Friend of the Gallery (FOG)	

I am **ABLE / UNABLE** (*please circle one*) to volunteer with KASI. (If you circled ABLE, please tick box(es) to indicate how you would like to volunteer.)

<input type="checkbox"/> Gallery minding (via roster)** THURS/ FRI/ SAT/ SUN/ MON ( <i>Circle preferred day</i> ) <input type="checkbox"/> Hanging art displays etc <input type="checkbox"/> Workshops/ art activities	<input type="checkbox"/> Fundraising <input type="checkbox"/> Public relations / newsletters etc <input type="checkbox"/> Computer related tasks	<input type="checkbox"/> Grant applications <input type="checkbox"/> Website / Facebook management <input type="checkbox"/> Other (please specify) _____
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\*\* KASI Priority

I agree to follow the Kilcoy Art Society's values (*as set out in KASI Membership Information*).

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Thank you! KASI will contact you upon receipt of your application.***