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|  | **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 | Home: | Mob: |
| Email |  | |

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

|  |
| --- |
| * An Exhibiting Artist on Gallery roster – [ $25 per year and 15% commission] |
| * An Exhibiting Artist NOT on Gallery roster – [ $60 per year and 30% commission] |
| * A Non- Exhibiting Artist - [ $20 per year] |
| * A Friend of the Gallery (FOG) – [ $5 per year] |

**For Exhibiting Artist Members Only:** Bank Account that you want to be paid into:

A/C Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSB: \_\_\_\_\_\_\_\_\_\_\_ A/C Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am paying for my membership by:

* *Cash/credit card at the Gallery*
* *Bank transfer: Kilcoy Art Society*

*BSB: 633000*

*Account Number: 178952461*

*Please put your name on the reference line.*

New membership applications will be presented at the next General Meeting for ratification.

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

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