

MEMBERSHIP FORM

To become a member please fill in the details below, enclose a cheque or money order and send to:

ACCESSIBLE ARTS INC
PO BOX 1022
ROZELLE NSW 2039

I wish to become a member of **ACCESSIBLE ARTS INC.**

NAME: _____

ORGANISATION: _____

(if applicable)

POSITION/TITLE: _____

(if applicable)

PHONE: (H) _____ **(W)** _____

POSTAL ADDRESS: _____ **POSTCODE:** _____

STREET ADDRESS: _____

MEMBERSHIP FEES:

SINGLES:	\$15
CONCESSION:	\$10
ORGANISATION:	\$40

Signature _____ **date** _____

Donations of \$2 and over are tax deductible.