



Art Kaipara Inc

Art Kaipara Inc. P O Box 63, Helensville

APPLICATION FOR MEMBERSHIP

Name:

Address:

.....

Phone: Mobile:

Email:

In adding your email to our database you will receive our newsletters. Please circle **NO** if you do not wish to receive newsletters.

Summary of interests and/or background:

.....

.....

.....

Skills you have that would be helpful for the running of the Art Centre:

.....

.....

.....

If you are interested in volunteering at the Art Centre, please circle **YES** here and the manager will get in touch.

Annual Membership Fee:

Due September **\$20.00** Students (16 and under) **\$10.00**

Payment methods:

Cash payment or Online to Art Kaipara Inc, Kiwi Bank 38-9020-0478416-00

Office Use Only:

Payment received by:.....

Payment amount:.....

Payment method:

Database updated:

Email of welcome sent.....

Date: