Art Kaipara Inc

Art Kaipara Inc. P O Box 63, Helensville

APPLICATION FOR MEMBERSHIP

Name: ……...

Address: ……...

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