



Western Region Arts Network Inc.

PO Box 533
Williamstown, Victoria 3016

Email : info@wran.org.au
Web : www.wran.org.au

Membership Form – Tax Invoice

Please post this form with your payment to:
Western Region Art Network Inc.
P.O. Box 5013
Sunshine, Victoria 3020

Your Details

Title:	<input type="text"/>	Organisation*):	<input type="text"/>
First Name:	<input type="text"/>	ABN*):	<input type="text"/>
Last Name:	<input type="text"/>	Membership No.*):	<input type="text"/>
Address:	<input type="text"/>	Phone (H):	<input type="text"/>
Suburb:	<input type="text"/>	Phone (W):	<input type="text"/>
State:	<input type="text"/>	Mobile:	<input type="text"/>
Post Code:	<input type="text"/>	Email:	<input type="text"/>

*) Please provide, if applicable

Your Artist Practice *(Please tick only one category from the list)*

Craft Arts	<input type="checkbox"/>	Multimedia	<input type="checkbox"/>
Music	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	Literary Arts	<input type="checkbox"/>
Indigenous Art	<input type="checkbox"/>	Sculpture	<input type="checkbox"/>
Performing Arts	<input type="checkbox"/>	Other, specify:	<input type="text"/>

Membership Category *(please tick)*

Organisation

 Individual

 Concession

Membership Rates *(Membership is based on calendar year. All rates are GST inclusive)*

Organisation:	\$80 per annum
Individual:	\$40 per annum
	\$75 two years
Concession:	\$30 per annum
	\$55 two years

Concession Type & No.:

Payment

Cheque:
 Money Order:

*Please do not send any cash.
Cheques or money order payable to
Western Region Arts Network Inc*

eBanking:
 Reference No.:
 Bank: Bendigo Bank
 Account No: 128 3721 90
 BSB: 633-000

I/We have read and understood WRAN terms & conditions.

Signature

Date / /