

Membership Application/Renewal

Local Arts Council:

Redlands Arts Council Inc

Redlands Arts Council Inc, PO Box 861, CLEVELAND QLD 4163 Ph: 3286 9590

Email: admin@redlandsartscouncil.org.au Website: www.redlandsartscouncil.org.au

Congratulations on becoming a member of your Local Arts Council. You are now part of the Australia-wide regional arts network. As a member you will enjoy many benefits including savings on great entertainment and access to the many programs and services offered by Queensland Arts Council. Thank you for your commitment to the cultural life of your community.



**Renewing Members, whose details have not changed, please complete Section A only.
New Members Please complete Sections A & B. PLEASE PRINT CLEARLY IN BLOCK LETTERS**

SECTION A

Renewing members please tick this box

Single Membership \$10.00

Family Membership \$15.00

Queensland Arts Council policy is that a Family Membership can contain 2 Adults and up to three school age children however Local Arts Councils may vary this policy.

Applicant's Name _____

(Must be filled in. Your Membership will be valid for 12 months from this date.)

Applicant's Signature _____

NOTE: If you are a renewing member and your details have changed since your last Renewal, please note changes in Section B where appropriate.

SECTION B

Applicant Details

(The name/s indicated here will appear on your Membership Card and will be to whom all correspondence is addressed.)

MR/MRS/MS/DR _____

ADDRESS _____

P/CODE _____

PHONE (H) _____

(W) _____

(MOB) _____

EMAIL _____

Family Membership Details: (A) Under 18 (B) 18-26yrs (C) 27-35yrs (D) 36-50yrs (E) 51-65yrs (F) Over 65yrs

APPLICANT _____

AGE

FAMILY MEMBER 4 _____

AGE

FAMILY MEMBER 2 _____

AGE

FAMILY MEMBER 5 _____

AGE

FAMILY MEMBER 3 _____

AGE

The above information is collected by your Local Arts Council and Queensland Arts Council solely for the distribution of information in relation to both organisations' services.

QAC OFFICE USE ONLY

MEMBERSHIP NO: _____

DATE RECEIVED: _____

DATE DESPATCHED: _____

Please return two copies to Redlands Arts Council Inc, with your payment.