



APPLICATION FOR NEW MEMBERSHIP

I _____
(name)

of _____
(address)

desire to become a member of Polish Art Foundation in Australia Incorporated.
In the event of my admission as a member, I agree to be bound by the rules of the
Polish Art Foundation in Australia Incorporated for the time these are in force.

Phone: _____ Email: _____

Website: _____

JOINING FEE

Please Select:

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | Individual | \$30 |
| <input type="checkbox"/> | Individual – artists, pensioners, students | \$20 |
| <input type="checkbox"/> | Family | \$50 |
| <input type="checkbox"/> | Associations | \$125 |
| <input type="checkbox"/> | Corporate | \$250 |

Signature of Applicant _____

Date _____

Payment can be made by cheque or electronic transfer.

Polish Art Foundation
PO Box 227
Bentleigh, Victoria 3104

Polish Art Foundation
Westpac Bank
BSB: 033083
Account Number: 751141
(Please state your name against your payment)

Thank You for supporting Polish Art Foundation