



Arts Council of Mansfield
145 High Street, Mansfield 3722
www.artsmansfield.com

Application for membership

Name:		
Address:		
Phone:		
Email:		
Membership type:	<input type="checkbox"/> \$20 Family/Group <input type="checkbox"/> \$15 Single	
I am paying by:	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	
I would like to receive my notice of meetings by:	<input type="checkbox"/> Email <input type="checkbox"/> Post	
I would like to receive my newsletters by:	<input type="checkbox"/> Email	
Date:		Office use:
Signed:		

Membership is valid for 12 months from January.