



**ARTISTS  
SOCIETY OF  
CANBERRA INC**

*A supportive creative community for  
visual arts and artists*

Membership Secretary  
Artists Society of Canberra  
P.O. Box 3629  
Manuka Post Office ACT 2603  
Tel: (02) 6292 4248  
Email:  
[membership.secretary@asoc.net.au](mailto:membership.secretary@asoc.net.au)  
Web: [www.asoc.net.au](http://www.asoc.net.au)  
ABN: 85 510 725 624

**MEMBERSHIP FORM**  
**1 May 2019 – 30 June 2020**

This form can be completed on your computer, saved, or scanned and then attached to an email to [membership.secretary@asoc.net.au](mailto:membership.secretary@asoc.net.au), or printed and posted to: Membership Secretary, ASOC, P.O. Box 3629, Manuka Post Office ACT 2603.

**This form works best if opened from Internet Explorer. You will need to save it on your computer and then attach the form to an email. After saving please open the form to make sure information has been saved correctly. If not the form can be printed, scanned and attached to an email, printed or completed manually and posted as per address details above.**

**MEMBERSHIP FEE FOR NEW MEMBERS:**

<b>Full Membership</b> = \$71.00	<b>Household Membership</b> = \$104
<b>Distant Membership</b> = \$49.00 (Only for residents over 100km from ACT)	<b>Full Time Students</b> = \$38(aged between 18-24 years)

**MEMBERSHIP FEE FOR RENEWING MEMBERS:**

<b>Full Membership</b> = \$66.00	<b>Household Membership</b> = \$99
<b>Distant Membership</b> = \$44.00 (Only for residents over 100km from ACT)	<b>Full Time Students</b> = \$33 (aged between 18-24 years)

**CONTACT DETAILS (Please PRINT if posting form):**

<b>Name:</b>		<b>Membership No (if Known):</b>
<b>Postal Address:</b>		
<b>Phone (Home):</b>	<b>Phone (Work):</b>	<b>Mobile:</b>
<b>Email Address:</b>		
I wish to receive the ASOC Newsletter by: <input type="checkbox"/> Web page download <input type="checkbox"/> Post		

**NEW MEMBERS ONLY:**

<b>Previous Involvement in Art:</b>
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**Preferred Medium & Style:**

**Tell Us Something About Yourself:**

**How did you find out about ASOC:**

**TO PAY YOUR MEMBERSHIP BY BANK TRANSFER PLEASE PROVIDE:**

**Name:**

**Date Transferred:**

**Amount:**

**Note: When transferring membership fee to ASOC please put your surname and mship 2017 in the Description/Customer Reference field**

**ASOC Direct Credit Details:**

**Artists Society of Canberra Incorporated**

**BSB 633 000**

**ACCOUNT NUMBER 163574684**

**TO PAY YOUR MEMBERSHIP BY CREDIT CARD PLEASE PROVIDE:**

**PAYMENT DETAILS:**

**Cheque Number:** Made out to Artists Society of Canberra Inc.

**CREDIT CARD (please tick type)**    Visa    Mastercard    AMEX    Diners    JCB

Card Number:

Expiry Date:

Name on Card:

Amount:

Signature (only if posting form) :`