

Associate Membership Application Form 2022



Bankstown Art Society Inc. (ABN 39 001 901 761)

PLEASE PRINT CLEARLY

Date:

Child Full Name:	Date of Birth:
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Do you give permission for your child's photograph to be published?

Photographs will only be used to advertise the Annual Junior Art Award Exhibition

Please tick Yes No

Parent / Guardian please fill in your details below:

Parent Family Name	
Parent Given Name	
House Number and Street	
Suburb and Post Code	

Home Phone Number:	Emergency Phone Number	: Work Phone Number
Email Address: :		

Term fees:

<i>Junior Class</i>	<i>Time</i>	<i>Tutor</i>	<i>Term Fee</i>	<i>My Fees</i>
Wednesday	4pm–6pm	Mona Goubran	\$100	\$
Saturday	9.30am–11.30am	Mona Goubran	\$100	\$
Parent / Guardian			Associate Membership	\$ 25
			TOTAL AMOUNT	\$