



# COBAR ARTS COUNCIL INC.

P O Box 292 COBAR NSW 2835

## Application for membership form

I \_\_\_\_\_ hereby apply for membership to the  
Cobar Arts Council for the calendar year of 2009.

Full Name: \_\_\_\_\_

Usual Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to receive minutes via (please tick) Email: \_\_\_ Fax: \_\_\_ Post: \_\_\_

Other: \_\_\_\_\_ (specify) or I don't require minutes: \_\_\_

**Membership fee = \$10.00**      **Member Paid: \$** \_\_\_\_\_

Signed by new member: \_\_\_\_\_

Date: \_\_\_\_\_

Arts Council Member signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Not to be signed unless member is financial).