Stanthorpe Art Gallery Society Inc. Membership Form

SINGLE AND COUPLE MEMBER BENEFITS:

Each member receives an annual membership card and the following benefits:

- 10% discount off Stanthorpe Art Gallery Boutique purchases.
- Free entry to Art Education Talks (Generally 6-8 held per year - $5 for non-members).
- Discounted bar purchases.
- Discounts off entry fees for special exhibitions, events or Music in the Gallery performances when an entry fee is charged
- Invitations relating to all art gallery functions
- Are able to nominate for the management committee and vote at the AGM
- Are able to view artworks from the collection on appointment

Music Lovers – We would welcome your gift of $100 to support our concerts through Music in the Gallery. Stanthorpe Art Gallery Society Inc is registered Deductible Gifts Recipient. Donations over $2 receive a receipt for taxation purposes.

Public Programs – We would welcome any donation to support our Gallery programs (Art classes, school holiday workshops, etc). Donations over $2 receive a receipt for taxation purposes.

First Name: --

Surname: --- Phone: --

Spouse (if couple
membership): --

Email: --

Postal Address: --

Town/City: --

State: -- Postcode: --

Please tick:

	New SAGS Inc Member		Renewing SAGS Inc membership (July each year)

Please tick: □ **One year Single Membership $30**   □ **One year Couple Membership $50**

□ **Three year Single Membership $90**   □ **Three year Couple Membership $150**

□ **Five year Single Membership $150**   □ **Five year Couple Membership $250**

□ **Music in the Gallery Supporter $100**   □ **Public Programs Donation $_____**

Payment Options (please tick box)
□ **Preferred option.** Direct deposit to: **Stanthorpe Art Gallery Society Inc. BSB 084 927 A/C 50893 9318**
Ensure the Bank Reference is your Surname and Initials. Please email or mail this completed membership
form to email or postal address as below.
OR □ charge your credit card – Please print your details clearly;
OR □ by cheques/money orders payable to the Stanthorpe Art Gallery Society Inc.

Please debit my credit card by $ as follows:

MasterCard ◯   Visa ◯

Cardholder Name:_____Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Card Expiry Date: _ _ / _ _   CCV Number: _ _ _   Signature:...Date: _ _ / _ _ / _ _ _ _

CCV is the Credit Card Verification Number - Last 3 digits located above the signature strip on reverse of MasterCard/Visa Card.

Office to complete	Date Received	/ /	Receipt		Amount	$	Payment Type

ABN 78 086 140 446