



WARRINGAH

Printmakers

Studio Inc.

Classes | Workshops | Studio Access | Exhibitions
SAFER PRINTMAKING FOR ARTISTS

Cnr Condamine & Lovett Sts
MANLY VALE NSW 2093
www.printstudio.org.au
(02) 9949 2325

MEMBERSHIP FORM

NAME: _____

POSTAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

EMAIL: _____ PHONE: _____

May we use your email address for future correspondence & quarterly newsletters? Yes/No

Warringah Printmakers Studio is run by **volunteers**. Opportunities exist for individuals to participate as volunteers without becoming a committee member. We would be delighted for members who are interested to help or be responsible for various activities. Let us know by email if you are prepared to help out in any way and we will contact you as the need arises.

I heard about Warringah Printmakers Studio from: _____

I hereby apply to become a member of Warringah Printmakers Studio Inc. and agree to abide by the guidelines for use of the Studio facilities as set out by the Management Committee. I tender my membership subscription fee for (please tick one):

Full Membership (\$70) _____ Full/Concession (\$50) _____ Associate Membership (\$30) _____

Full Membership (\$70 per annum)

- * Access to classes, workshops, special demonstrations and lectures
- * Regular newsletters with information on opportunities, grants and exhibitions
- * Invitations to the Opening Night of Studio Exhibitions
- * The right to participate in Studio Exhibitions
- * The right to be considered for Committee Membership
- * Studio Access (conditions apply)

Associate Membership (\$30 per annum)

- * Access to classes, workshops, special demonstrations and lectures
- * Regular newsletters with information on opportunities, grants and exhibitions
- * Invitations to Studio Exhibitions

Concession Membership is for HSC Students, Pension Card holders and the unemployed. Please provide concession details:

Applicants Signature: _____ Date: ____/____/____

Office Use Only

THE SUM OF \$ _____ WAS RECEIVED AS PAYMENT OF MEMBERSHIP FEES:

RECEIPT # _____ COMMITTEE SIGNATURE: _____ DATE: ____/____/____