



Geelong Gallery

ABN 93 770 396 335

Membership application form

January – December

MEMBER DETAILS

Title _____ First name _____ Surname _____

Organisation name (if applicable) _____

ADDRESS DETAILS

Street address _____

Suburb _____ State _____ Postcode _____

CONTACT DETAILS

Home phone _____ Business phone _____

Home fax _____ Business fax _____

Mobile _____ Email _____

TYPE OF MEMBERSHIP: Valid from January to December

Tick one

Individual \$30

Concession/student \$15

Double \$35

Organisation \$100

Family \$40

Life \$1,000

DONATION:

I would like to make a tax-deductible donation towards the development of the collection:

Tick one \$20 \$50 \$100 \$150 or nominated amount \$ _____

PAYMENT

Enclosed is payment \$ _____ (Membership) \$ _____ (Donation) = Total \$ _____
of

Date of payment _____

Tick one Mastercard Visa Cheque (payable to Geelong Gallery)

Cardholder's name _____

Card number _____ Expiry Date _____

Cardholder's signature _____

Date of payment _____

Would you like to be a Gallery volunteer? Yes No

Do you have any particular interests? _____
(e.g. Traditional art, contemporary art, sculpture, decorative arts/craft, prints and drawings)?

Return this form with payment to: Geelong Gallery, Little Malop Street, Geelong 3220