School Membership Application Invoice

ABN 93 770 396 335

MEMBERSHIP DETAILS

School name _____

CONTACT TEACHER

Title _____ First name _____ Surname _____

ADDRESS DETAILS

Street address _____

Suburb _____ State _____ Postcode _____

SCHOOL DETAILS

Home phone _____ Business phone _____

Home fax _____ Business fax _____

Mobile _____ Email _____

MEMBERSHIP INVOICE: Valid from January to December

Educational membership fee scale: please select one.

Under 50 students	$30	250–499 students	$77
50–99 students	$55	500 students or more	$99
100–249 students	$66	Tertiary Institution	$110

PAYMENT

Enclosed is payment of $

Date of payment _____

Tick one ☐ Mastercard ☐ Visa ☐ Cheque (payable to Geelong Gallery)

Cardholder's name _____

Card number _____ **Expiry date** _____

Cardholder's signature _____

Return this form with payment to:

Geelong Gallery
Little Malop Street
Geelong Vic 3220