

MEMBERSHIP APPLICATION



YES I WISH TO: Join FONAS Renew Member # _____

Name: _____

Age Group: 18-25 26-35 36-45 46-55 56-65 Over 65

Address: _____

suburb _____ postcode _____

Phone: (Day) _____ (Mob) _____

Email: _____

Tick Applicable Box/es:

I attended the National Art School - my years at NAS were _____ (year)

I am a current student at NAS, I expect to graduate in _____ (year)

I attended a short course at NAS in _____ (year)

I am a friend / supporter I am a practising artist I am/was staff at NAS

Payment Details

I wish to pay \$25 (NAS student membership rate for 12 months) to join Friends.

I wish to pay \$60 (NAS student membership rate for 3 years) to join Friends.

I wish to pay \$100 (NAS student membership rate for 5 years) to join Friends.

I wish to pay \$50 (includes membership for 12 months) to join Friends.

I wish to pay \$120 (3 year subscription includes 20% discount on full membership fee) to join Friends.

I wish to pay \$200 (5 year subscription includes a 20% discount on full membership fee) to join Friends.

I wish to make a donation of \$ _____ (amount) to FONAS Inc. The Friends of the National Art School Inc is listed on the Register of Cultural Organisations. All donations to Friends are tax deductible.

Total amount payable of \$ _____ * Make cheques & money orders payable to FONAS Inc

Please tick method of payment

Cheque Visa MasterCard Money Order (Post Office)

PAYMENTS BY CREDIT CARD – COMPLETE ALL DETAILS BELOW

Cardholder name: (as shown on card) _____

Card Number:

Expiry date:

Cardholder signature: _____

AS A SUBSCRIBER YOU SHOULD NOTE:

1. The subscription year is payable on the anniversary of a person being admitted to membership.
2. According to the Rules of Friends, all members are required to pay the annual subscription fee until such time that the member resigns from the Association. Any member who has not paid his or her membership fees for two consecutive years shall be deemed to have resigned.

I have read and accept the conditions of becoming a member of Friends of the National Art School, I agree to be bound by the Rules of Friends of NAS (available if requested).

Applicants signature: _____ Date: _____

POST YOUR FORM TO: Friends of the National Art School, Forbes Street, Darlinghurst NSW 2010

Phone: 9339 8635

email: fonas@def.nsw.edu.au

www.fonas.com.au