

Port Community Arts Centre

Membership Application / Renewal

Surname:

First Name:

Address:

..... Post Code:

Telephone No:.....

Mobile No:

Email Address:.....

If a qualified Tutor, would you be interested in running a workshop? Yes / No

What is your medium?

We regularly publish a newsletter, in the printed and e-mail forms. Please indicate how you would like to receive your newsletter - Post (Circle)
- E-mail

Membership Fee: \$15.00

Signed: Date:

Please return to: **Port Community Arts Centre
66 Commercial Road
Port Adelaide SA 5015**

(Office use only)

M/ship year: Member No:

Date paid: Receipt No:

Credit Card Payment Facility

To pay your renewal by credit card please enter the details required below.

Credit Card Number:

Expiry Date: ____ / ____ / ____

Card Verification Code: _____ (3 digit number next to signature on reverse side of card)

Name on credit card: _____

Sign: _____ Amount: _____