



Broken Hill
Art Exchange

BROKEN HILL ART EXCHANGE Inc.
313 Argent St
BROKEN HILL
NSW 2880 AUSTRALIA

PH: 08 8088 4698
ABN: 33 892 538 379

MEMBERSHIP FORM 2020-21

Full Name of Applicant(s) (please print):

RENEWING members please go straight to the FEES section unless your contact details have changed in the previous 12 months.

Date of birth (if you are under 18 yrs): __ / __ / 20 __

Current address:

City:	State:	Post Code:
Phone:	Email:	

I agree to be bound by the BHAЕ constitution

Signature _____ Date: __ / __ / 20 __

NOMINATION BY CURRENT MEMBER

I, _____, a member of the association, nominate the applicant/s for BHAЕ membership.

Signed: _____ Date: __ / __ / 20 __

FEES

Membership fees are non-refundable or transferable. They are due for renewal at the start of each financial year (July 1). Joint memberships are for two people living at the same address. Membership type (please tick the relevant box):

NEW member: Single **\$12** Joint: **\$20** (Name of person 2: _____)

RENEWING member: Single **\$10** Joint: **\$18** (Name of person 2: _____)

Pro-bono (as per BHAЕ Constitution):

BANK TRANSFERS PAYMENT DETAILS

Account Name: Broken Hill Art Exchange Inc.
Bank: Broken Hill Community Credit Union
Account number: 37729759
BSB: 802-377

Please enter *your name* under **REFERENCE** on the deposit entry form.

Date of bank transfer: __ / __ / 20 __

Receipt number: _____

Office Use Only

Received: \$ _____ (cash/cheque/bank transfer) Processed by: _____ Date: __ / __ / 20 __ Receipt # _____

PAYMENT MUST ACCOMPANY THIS COMPLETED FORM

- **Bank transfer:** email: bhae.membership@gmail.com
- **Cheque** to be made out to: Broken Hill Art Exchange Inc. and posted to: P.O Box 1083, Broken Hill NSW 2880
- **Cash** payment: drop in at BHAЕ office, 313 Argent St, Broken Hill (10.00 am – 3.00 pm)