



MEMBERSHIP RENEWAL

20_____

Artisans' Guild of Caboolture and District Inc.

First Name _____

Surname _____

Phone _____

Email address _____

Confirm email *(please use block letters)*:

Address details *(if changed)*

If you have any special needs please list

Emergency contact *(Include name & ph)*:

Membership Renewal (continued)

Tick to choose the class of membership:

- Ordinary membership \$25.00
- Family membership \$45.00
- Junior member *(conditions may apply)* \$15.00

If choosing family membership, list name of second adult and/or names and dates of birth of children (limit of 2 per family):

Adult 2 _____

Child 1 Name _____ DOB _____

Child 2 Name _____ DOB _____

Pay in person at the Gallery or by Direct Deposit:

BSB: 124041 Account No: 11195591

Reference: YOUR SURNAME Membership

Sign _____

Office Use Only

Receipt no _____ Date _____

**Form updated 19 March 2025*



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