

MEMBERSHIP

APPLICATION or RENEWAL

MEMBERSHIP FEE:

(Due July 1st) One year - \$20
 Two years - \$40

PAYMENT:

Cheque/Money order Cash
 Direct Debit (EFT)* Credit Card *

* Credit Card and Direct Debit Facilities overleaf.

Surname:

First Name:

Address:

..... Post Code:

Telephone No:

Mobile No:

Email Address:

PCAC Newsletter:

(email notification) None. Will read online.
 Receive by Post

Signed: Date:

(Office use only)

M/ship year: Member No:
Date paid:/...../..... Receipt No:
Mail sent to mbr? Y Recorded? Y
Receiving Officer Initials:

RETURN COMPLETED FORM TO:

Port Community Arts Centre,
66 Commercial Road,
Port Adelaide, SA 5015

Further inquiries: 0435 981 070, or see our website.

PAYMENT DETAILS:

CREDIT CARD PAYMENT:

Credit Card Number:

Card Verification Expiry: /
Month / Year

Code: (3 numbers found on reverse of card, by signature)

Name on Credit Card:

.....

Signature:

Payment Dollar Amount: \$.....

DIRECT DEBIT/ELECTRONIC FUNDS TRANSFER:

Available through your bank or your bank's website.

Quote or input the following details (+ see note below):

Account Name: **Port Community Arts Centre Inc**

Branch - BSB: **105 001**

Account No: **001058640**

Dollar Amount of Transaction: \$.....

Date of Transaction: / /

NOTE: * New member applications:

Please include phone number in transaction.

*** Existing member renewals:**

Please include membership number.
and/or name in transaction.

