



Kiama Art Society

MEMBERSHIP APPLICATION

Full Name:

Contact Number:

Email:

Postal/Home Address:

Have you been recommended by an existing KAS member? (Please circle).

Yes / No

If so, Members name:

What is your area of expertise / interest in artmaking?

Will you be participating in our regular activities? (Please circle).

Monthly Demonstrations

Tutorials

Workshops

Old Fire Station Exhibitions

Plein Air Group

Life Class

Weekly Art Group

Social Studio Saturday

Annual Membership Fees: **\$40**

Membership Renewal is due on **June 30th** each year.

The KAS Financial Year Is from **July 1 to June 30.**

To Apply:

Please forward this application form,

With details of your payment recorded on the form to:

- **The Secretary Suzanne Walker by email:** kas2533suzanne@gmail.com

Method of Payment:

Direct Deposit: WESTPAC BSB 032-689 Account No: 540168

Include your Name and the Code Word Fees in the Reference Details.

Enquiries: Secretary Suzanne Walker kas2533suzanne@gmail.com

Agreement:

1. *As a member of Kiama Art Society, I agree to abide by the Constitution of the Art Society.*

See www.kiamaartsociety.org.au

2. *I hereby expressly agree to indemnify, defend and hold harmless Kiama Art Society, its officers, agents, members and volunteers from any liability or damages of any kind, including legal fees and costs, resulting from any claim arising out of or incidental to my participation in the Kiama Art Society;*

3. *I agree to actively support the Kiama Art Society.*

Signature:

Date: