OFFICE USE ONLY
RECEIPT NO:

Basketry SA Inc
2024 Membership Form

(Tick applicable boxes)

☐ New Member ☐ Renewal

Date:.....

'Primary' Member Surname**: ..... First Name: .....

Family Member Name: .....

Family Member Name: .....

Postal Address: .....

State:.....Postcode: ..... Contact Phone No: .....

Email:..... .....

Quarterly Newsletter: ☐ Hardcopy ☐ Digital/Email

☐ Full Membership (includes up to 3 family members residing at the same address**) $35.00 $ .....

☐ Interstate and Overseas Members $20.00 $ .....

☐ Pro-Rata Membership (full membership only – 1 July to 31 December) $20.00 $ .....

☐ Life Member (fee waived)

☐ New Member Prize Winner (fee waived for one year) Total amount due $ .....

*** Full Membership includes up to three family members residing at the same address. The full name of the 'Primary' Member plus up to two family members residing at the same address must be recorded on the membership form. All correspondence will be addressed to and sent via the 'Primary' Member as indicated on the membership form and it will be the responsibility of the 'Primary' Member to ensure that information is passed onto any family members accordingly.*

Some tools and techniques used in basketry are not suitable for children under the age of 15. For safety and legal reasons, persons under the age of 18 should attend meetings accompanied by a parent/caregiver.

Method of Payment***:

☐ Cheque *(enclose cheque with completed form)* ☐ Money Order *(enclose money order with completed form)*

☐ Electronic Funds Transfer (EFT) ☐ Cash

Bank: Bank SA BSB No: 105-084

Account Name: Basketry South Australia Inc Account No: 325597240

Remember to include your NAME and MEMBERSHIP in the payment details when completing EFT information so that we can identify the payment.

*** No receipt will be issued. If you do not start receiving quarterly newsletters, contact Basketry SA to confirm your details.*

If paying by Electronic Funds Transfer (EFT), Email completed eform to: basketrysa@gmail.com

Remember to include your NAME and MEMBERSHIP in the payment details when completing EFT information so that we can identify the payment.

Or send completed form together with cheque or money order to:
The Treasurer, Basketry South Australia Inc
PO Box 142, Torrensville Plaza SA 5031