



Royal Queensland Art Society Gold Coast Inc.

25 Broadbeach Boulevard, Broadbeach

Member No #

ABN: 14 718 573 520

Email: rqasgc@rqasgoldcoast.com

Phone: 07 5562 9300

Website: rqasgoldcoast.com

MEMBERSHIP FORM

I hereby apply for new membership to RQAS Gold Coast Inc as a Member in accordance with the constitution of the Society and the rules there under.
I understand NEW membership is \$90, current for one year from the 1st January and renewed each year following for \$80 on the 1st January.

| TICK | NEW | OR | TICK | RENEWAL |
|------|---|----|------|--|
| | Single \$90 | | | Single \$80 |
| | Family \$120 – must add names see over <small>Includes a couple and any children living at home under 18 yrs of age</small> | | | Family \$90 – must add names see over <small>Includes a couple and any children living at home under 18 yrs of age</small> |
| | Student \$35 <small>Provide copy of student ID card</small> | | | Student \$35 <small>Provide copy of student ID card</small> |
| | Social \$50 <small>Members who do not participate in artistic activities but still want to be involved in the gallery</small> | | | Social \$50 <small>Members who do not participate in artistic activities but still want to be involved in the gallery</small> |

| PAYMENT METHOD | |
|-------------------------------|--|
| Cash <input type="checkbox"/> | EFTPOS <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Transaction ID: Name: _____ Date: _____ Bank Details: Royal Queensland Art Society Gold Coast Inc BSB: 064 445 Acc: 1049 1257 |

| MEMBER DETAILS (must be completed by each individual or family member 15 yrs & over SEE OVER) | | | | | |
|---|-----|----------|-------|-----------|--|
| Circle: MR | MRS | MISS | OTHER | | |
| Name | | | | | |
| Address | | | | | |
| Suburb | | State | | Post Code | |
| Mobile | | Landline | | | |
| Email | | | | | |
| Newsletters/Emails - Updates and emails will be sent to your email address. You have the option to Unsubscribe at bottom of email | | | | | |

If your Art is a business & you have an Australian Business Number, please complete the ABN information.

| | | |
|-----------------------------|-----|----|
| ABN if applicable | | |
| Are you Registered for GST? | Yes | No |

If you do not have an ABN, please fill in the following declaration:

| | | |
|---|--|--|
| I _____ declare I sell art as a private recreational pursuit or hobby, and I am therefore not required to register for GST. | | |
|---|--|--|

| | | |
|---------------------------------------|--|--|
| BANK DETAILS must be filled in | If an artist's work is sold the RQAS GC will forward payment less commission direct into the Artist's Bank Account. By providing the following details you accept payment less all commissions and fees. Commission on all Gallery sales is 20% (including GST). Art in the Park sales is 10% Commission (including GST). Note: Allow 21 days after end of each month for payments to be processed. | |
| ACCOUNT NAME: | | |
| BSB: | Account number | |
| Signed: | Date: | |

| | | | |
|-----------------------------------|-------------------------------|--|---|
| Office Use Only: | Receipt No. | Date: | Cash/Eftpos/Direct Deposit (Circle) |
| Database <input type="checkbox"/> | Card <input type="checkbox"/> | Welcome Email <input type="checkbox"/> | Subscriber <input type="checkbox"/> MYOB <input type="checkbox"/> SQUARE <input type="checkbox"/> |

FOR ADDITIONAL FAMILY MEMBERS

| MEMBER DETAILS (must be completed by each individual or family member 15 yrs & over) | | | | | |
|---|--|----------|--|-----------|--|
| Circle: MR MRS MISS OTHER | | | | | |
| Name | | | | | |
| Address | | | | | |
| Suburb | | State | | Post Code | |
| Mobile | | Landline | | | |
| Email | | | | | |
| Newsletters/Emails - Updates and emails will be sent to your email address. You have the option to Unsubscribe at bottom of email | | | | | |

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| | | |
|-----------------------------|-----|----|
| ABN if applicable | | |
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| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|

| MEMBER DETAILS (must be completed by each individual or family member 15 yrs & over) | | | | | |
|---|--|----------|--|-----------|--|
| Circle: MR MRS MISS OTHER | | | | | |
| Name | | | | | |
| Address | | | | | |
| Suburb | | State | | Post Code | |
| Mobile | | Landline | | | |
| Email | | | | | |
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| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|