

BROADBEACH ART GALLERY



Return form with Payment to: PO Box 558, Broadbeach. Qld. 4218.

Pay at the gallery: 25 Broadbeach Blvd, Broadbeach. Ph/Fax: 07 5592 0440 **or pay by EFT**

E-Mail: rqasgc@rqasgoldcoast.com **Web-site:** www.rqasgoldcoast.com

INVOICE *New Membership*

I hereby apply for new membership to the Broadbeach Art Gallery-RQAS as a Member in accordance with the constitution of the Society and the rules there under.
I understand my membership is current for one year from the 1st January and renewed each year following for \$70 on the 1st January.

Membership No: _____

Membership Type: _____

Please tick box:

Single: \$80 **Family: \$90** **Student: \$30**** **Junior: \$15**

(Full time High School/Uni) (Primary School Age)

Method of Payment: Cash or EFTPOS at the Gallery Direct Credit to account BSB 064 445 A/C 10491257

Ref: Please use your name as ID

** Student. Please include a photocopy of Student ID with your Invoice.

Please clearly *print* your details below: Mr/Mrs/Miss/Ms/Other

Name:

Address:

City: Post Code:

E-Mail:

Phone: Mobile:

ABN (if applicable)

Signed: Date:.....

IF YOU **DO NOT** WANT TO BE CONTACTED VIA EMAIL Please indicate below

E-Mail (if applicable and listed above)..... **RQAS NEWSLETTER...** **OTHER RQAS MAILOUTS...**

If you do not have an ABN No. and you are not registered for GST, please fill in the following declaration:

I,.....declare that I am a "Hobby Artist" and I am therefore not

Required to comply with GST.

Signed:Date:.....

Office use only:

Receipt No:.....Date:..... Cash/EFTPOS/Direct EFT (Circle)

Member Card Issued:.....