



2016 Membership Form

MEMBERSHIP TYPE

- ☐ Concession
- ☐ Individual
- ☐ 2 – 4 educators
- ☐ 5 or more educators

EARLY BIRD (before 31/3/16)

- ☐ \$15
- ☐ \$80
- ☐ \$240
- ☐ \$290

STANDARD (after 1/4/16)

- ☐ \$30
- ☐ \$100
- ☐ \$260
- ☐ \$320

***The Early Bird offer is valid until 31 March 2016 (Membership valid 1st Jan – 31st December 2016).**

Member details:

For **Institutional memberships** the name below will be identified as the **key contact reference for the group**. Please provide name and email address for **each member** (see reverse side) who will be covered by the membership.

Mr/ Ms/ Dr: _____ Name: _____ BOSTES No _____

Position / Department: _____

School / Educational Institution: _____

Level: ☐ Primary ☐ Secondary ☐ Tertiary ☐ Pre-service teacher

Institute Type:

☐ DEC ☐ CEO ☐ AIS ☐ University ☐ Gallery/ Museum

☐ Other - Please specify: _____

Institute Demographic:

Greater Sydney: ☐ North Shore ☐ Upper North Shore ☐ Inner West ☐ North West Sydney

☐ Eastern Suburbs ☐ Southern Suburbs ☐ South West Sydney ☐ Central Coast

Regional NSW: ☐ Northern NSW ☐ Southern NSW ☐ Western NSW ☐ Illawarra

Mailing Address: ☐ Home ☐ Work

Street _____

Suburb _____ State _____ Postcode _____

Phone (work) _____ Fax (work) _____

Phone (home) _____ Phone (mob) _____

Email

☐ Please include my email address in the VADEA E-News list.

Name: _____ BOSTES No _____
Email

Name: _____ BOSTES No _____
Email

Name: _____ BOSTES No _____
Email

Name: _____ BOSTES No _____
Email

Name: _____ BOSTES No _____
Email

Name: _____ BOSTES No _____
Email

Payment methods: Forward a completed membership form with any of the following :

☐ **CHEQUE :** Please make cheques payable to: Visual Arts and Design Educators Association (NSW)

☐ **ELECTRONIC FUNDS TRANSFER:**

A/C No 24-5708, BSB 032-267 **Important:** 1. Please identify your EFT as '**M16**' and list your school name or surname depending on whether you are paying for an institutional or individual membership
2. Email/post completed membership form & attached copy of bank payment

☐ **CREDIT CARD** ☐ Visa ☐ Mastercard

Credit card number:

Cardholder's name: _____

Valid to: ____ / ____ Signature: _____ Amount: \$ _____

Complete the membership form and return with payment by either:

Mail: VADEA NSW PO Box 577 Leichhardt NSW 2040

Email: contact@vadea.org.au

Phone enquiries re membership : 0431 316 107

When this amount has been paid in full, this form becomes a Tax invoice.

A receipt of payment will be issued with a membership number and a membership card for each member.

Please keep this number filed, to quote as needed for VADEA events.

ABN 21 386 957 963 (not registered for GST)