

Membership Form



Southern Edge Arts, 77 Sanford Rd, Albany WA 6330

• 08 9841 6002 • seamail@southernedge.org.au

Participants Name		Date of Birth		Workshop Details (Name, Day, Time)					
Parent/Guardian Name					Relationship				
Phone 1					Phor	ne 2			
Email									
Address									
Second Contac	t Name				Phor	ne			
		D.J	nt Physical, Medical or B	-1		f 1 ! -			
SEA's funding p	artners req	uire we colle	ct data regarding popula _ would like to identify a			_			
			_ would like to identify a _ would like to identify a	_					h.
(in	sert child's	name)							
Payment: Mem	bership fee	es of \$10 (\$5	for additional child) plus	Worksh	op fe	es for the	term	are due at enr	olment
BSB: 633-000 Acc: 130 294 770 Reference: Child name and Term/Class Name									
elect to vo	te on behal	f of their mir		al Gener	al Me	eting ead	h year.	. Parents/guard	dians may
			you're agreeing to: ailable to download on o	ur webs	ite). N	Member (Code of	f Conduct and	Policies.
			taken of members and u						,
Your er	mail addres	s being adde	d to our Newsletter data	abase (yo	ou car	n unsubso	ribe at	t any time).	
Signed				Dat	е				
Must bo	signed by	a rolativo/gu	ardian over 18 years		1			1	

Must be signed by a relative/guardian over 18 years