



3760 The Bucketts Way  
Krambach NSW 2429

**ABN:** 55 067 280 675

**W:** [Krambach.org](http://Krambach.org)  
**E:** [Secretary@Krambach.org](mailto:Secretary@Krambach.org)

**KRAMBACH SCHOOL of ARTS INC.  
MEMBERSHIP APPLICATION**

Attention: Executive Committee

Subject: Application for Membership

I, [Full Name of Applicant] \_\_\_\_\_

of, [Address of Applicant] \_\_\_\_\_

Apply to become a member of Krambach School of Arts Inc. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_