3760 The Bucketts Way
Krambach NSW 2429
ABN: 55 067 280 675
W: Krambach.org
E: 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: _____