

I / We wish to become member(s) of the Friends of The Gold Coast Arts Centre

Title **Surname** **First Name**
1. _____
2. _____

Address: _____

Phone: (h) _____ (w) _____

Email: _____

Annual Membership (1 July to 30 June)
Life Membership

I wish to pay by **Cheque** (payable to 'The Friends')

Cash **Mastercard** **Visa** **Amex**

Card No.

Expiry Date

Amount

/

\$ _____

Name on Card _____

Signature _____ **Date** _____

Single \$33 Double \$44
Single \$330 Double \$440



Send Completed Form to:

The Treasurer, Friends Of The Gold Coast Arts Centre,
P.O. Box 6611, Gold Coast Mail Centre Q 9726