



**MEMBERSHIP APPLICATION/RENEWAL FORM**

**Please complete and send with payment in favour of "Camden Haven Arts Council Inc" to:**

**The Treasurer, Camden Haven Arts Council Inc PO Box 359 Laurieton 2443  
ABN 57 853 347 280**

**I enclose my payment: Single \$15.00 or Couple/Family \$20.00**

**Name(s) of those to be covered by the Membership**

.....

**Postal Address.....**

**Phone No.....**

**Email Address.....**

**Camden Haven Arts Council Inc reserves the right to vary the  
Membership Subscription Fee without notice**