



MEMBERSHIP RENEWAL FORM 2012

TITLE: MR MRS MS MISS DR

FIRST NAME:

SECOND NAME:

ADDRESS:

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TELEPHONE: **MOBILE:**

E-MAIL:

EMAIL NEWSLETTER: YES NO

MEMBERSHIP RENEWAL:

ORDINARY \$50

FULL-TIME STUDENT/PENSIONER/
HEALTH CARE CARD HOLDER \$35

DATE:

RETURN WITH PAYMENT TO:
PAUL MAROSSZEKY
MEMBERSHIP OFFICER
BACK TO BACK GALLERIES
57 BULL STREET
COOKS HIL NSW 2300

MAKE CHEQUES PAYABLE TO NEWCASTLE STUDIO POTTERS INC.

THANK YOU FOR RENEWING