**MEMBERSHIP FEES**

|  |  |
| --- | --- |
| ☐ | **Organisation****(Gross Annual Receipts)** |
| ☐ | Less than $200k | $110 |
| ☐ | $200k - $500k | $225 |
| ☐ | $500k - $1million | $275 |
| ☐ | $1million plus | $395 |

|  |  |
| --- | --- |
| ☐ | **Individual** |
| ☐ | Full | $38 |
| ☐ | Concession | $22 |

|  |  |  |
| --- | --- | --- |
| **Member fee** | **Donation** | **Total** |
| **$** | **$** | **$** |

**PAYMENT DETAILS**

☐ **Electronic Transfer -** *Our favourite*

Account Name: Arts Industry Council of South Australia
BSB: 065 008
Account No: 0090 3514
***Please include your name or organisation in EFT reference***

☐ **Cheque -** *Payable to Arts Industry Council (SA) Inc*

|  |  |
| --- | --- |
| Card Type | ☐ Visa ☐ Mastercard |
| Cardholder Name |       |
| Credit Card Number |       |
| Expiry Date |       |

* **Credit Card** ☐ **Cash**

|  |  |
| --- | --- |
| **Date** |  |
| **Name** |  |
| **Organis-ation** |  |
| **Position**  |  |
| **Address** |  |
| **Email** |  |
| **Phone** |  |
| **Mobile** |  |
| ☐  | I am happy to be publicly acknowledged as an AICSA member  |

**EMAIL FORM TO** info@aicsa.net.au or

**BY POST TO** AICSA, PO Box 10334 Adelaide BC, SA 5000

**Your membership is valid for 12 months from date of renewal or joining**