



MEMBERSHIP FORM

Name: _____

Position / Department: _____

School / Educational Institution: _____

Mailing Address: _____

State _____ Postcode _____

Phone (work) _____

Phone (home) _____

Phone (mob) _____

Fax _____

Email _____

Please include my email address in the VADEA E-News list

Membership type:

- | | | |
|------------------------|----------------|--------------------------|
| Concession | - \$30 | <input type="checkbox"/> |
| Individual | - \$120 | <input type="checkbox"/> |
| 2 – 4 educators | - \$200 | <input type="checkbox"/> |
| 5 or more | - \$250 | <input type="checkbox"/> |

Early bird offer is to those who register before the end of MARCH 2009

Please note: Concession – full-time student, senior or unemployed
Membership rates are GST inclusive



Payment method:

Cheque

Money Order

Credit Card

Card type _____

Credit card number:

Cardholder's name Valid to: /

Signature

Please make cheques payable to Visual Arts and Design Educators Association

Complete all details & return with payment to:
VADEA (Visual Arts and Design Educators Association)
ABN: 21386957963
PO Box 577 Leichhardt NSW 2040
Ph: 02 9564 3322 Fax: 02 9564 2342