

MEMBERSHIP

2019

Web: www.vadea.org.au | Facebook: VADEA NSW | Twitter: vadea_nsw | Instagram: vadea_nsw

Member Details VADEA #:					
For Institutional memberships the name below will be identified as the key contact reference for the group. Please provide name and email address for each member (see reverse side) who will be covered by the membership.					
Γitle: Name:	NESA #:				
Position/Department:					
School/Educational Institution:					
Level: Primary Secondary Tertiary Pre-service teacher					
nstitute Type: DEC CEO AIS University Gallery/Museum					
Other (Please specify):					
nstitute Demographic:					
☐ Greater Sydney ☐ North Shore	□ Upper North Shore □ Nth W. Sydney				
	☐ Illawarra ☐ Inner West				
□ Northern NSW □ Southern NSW	□ Western NSW				

MEMBERSHIP TYPE	EARLY BIRD (before 31/3/19)	STANDARD (after 1/4/19)
Concession	\$15	\$30
Individual	\$80	\$100
2 – 4 educators	\$240	\$260
5 or more educators	\$290	\$320

For additional members – plea	se copy or print this page again		
Home Work	•		
Street:			
Suburb:	State:	Postcode	
Phone (W):	Phone (H):	Phone (M)	·
Please include my er	mail address in the VADEA	A eNewsletter list	
Title: Name:		NESA	#:
Email:			
Liliali			
			#:
Email:			
Payment Method	is		
Please identify your EFT a institutional or individual	Insfer AC#: 24-5708 BSB: asl <mark>/19</mark> and list your school name or s membership. embership form and attach a copy of	urname depending on whethe	r you are paying for an
Credit Card VISA			
Credit Card #		Valid to:/	Amount: \$
Cardholder's Name:		Signature:	CVC:
Cheque Please make che	eques payable to: Visual Arts and De	sign Educators Association (NS	W)

Mailing Address

Complete the membership form and return with payment by either:

Email: contact@vadea.org.au | Mail: VADEA NSW PO Box 699 Lidcombe NSW 1825 | Phone enquiries re membership: 0431 316 107