

BITTONDI PRINTMAKERS ASSOCIATION INC.

VISITOR MEMBERSHIP APPLICATION FORM			
APPLICANT INFORMATION			
Full Name:		Phone:	
Date of birth:	Email:		
Street Address:			
Suburb:	State:	Post Code:	
Fax number:	Confirm type of membership required:		
<i>As the Bittondi Studio is located within School grounds, the Children's Protection Act, SA requires us to ask the following questions:</i>			
Do you want to work in the Studio during gazette school terms, between the hours of 8:30 to 3:30 ? YES / NO			
Do you hold a current DCSI Child Related Employment Screening Approval certificate ? YES / NO			
Are you the subject of any allegation, arrest, charge or conviction for a sexual or indecency offence ? YES / NO			
Do you want the Bittondi Requesting Officer to initiate your online DCSI screening process ? YES / NO			
YOUR PRINTMAKING EXPERIENCE			
Certificate/Diploma/Degree if any:			
List any other printmaking experience :			
Referred by:			
Email:		Phone:	
AN EMERGENCY CONTACT			
Name:		Phone:	
Address:	State:	Post Code:	
YOUR PAYMENT OPTIONS			
Direct deposit to: BANKSA			
Account name: Bittondi Printmakers Association Incorporated			
BSB Number: 105 025 Account number: 054 965 040			
By Cheque to: Bittondi Printmakers Association Inc. c/o Veronica Thurley P O Box 363, Macclesfield SA 5153			
MEMBERSHIP REQUESTED & FEES TO BE PAID			
Visitor Membership Fee: \$50 per annum			
<i>Membership expires 12 months from the date of joining the Association. Visitor membership renewal is \$50 thereafter.</i>			
SIGNATURES			
I agree to abide by all the policies, procedures & Guidelines for Studio Use, as set by the Bittondi P.A.I. Management Committee.			
Signature of applicant:		Date:	

Please email completed form to: veronicathurley@hotmail.com
or print and post to: Veronica Thurley P O Box 363, Macclesfield. SA 5153

28/2/2017