



255 Keira St Wollongong 2500 PO BOX 5349, WOLLONGONG NSW 2520

info@projectgallery.com.au

ABN 12 032 166 479

MEMBERSHIP INFORMATION

Membership cost: **\$30 - 12 months membership**

Project Contemporary ArtSpace was established in 1995 and is the largest Artist Run Initiative in the Illawarra. We are run entirely by volunteers.

Your membership will support the administration, maintenance and running costs of our not-for-profit Association.

As a member of Project, you receive the following benefits:

- Our monthly e-newsletter
- Invitations to upcoming exhibitions and events
- The opportunity to showcase your artwork in our Members' exhibitions
- The opportunity to learn about putting on an exhibition - curating/hanging/lighting/marketing etc
- Discounted entry to workshops and other events
- Discounted printing and other services at Big Vision Print
- Being part of Illawarra's vibrant arts community

PAYMENT METHODS

Electronic Transfer:

Bank Name **Horizon Credit Union**
BSB **802-124**
Account No **97885**
Account name **Project Contemporary ArtSpace**
Reference Your surname + 'membership' e.g. Smith Membership.
Email the receipt to info@projectgallery.com.au (optional)

Cheque: Send to Project Contemporary ArtSpace
PO Box 5349
Wollongong 2520

In person, at the Gallery: Place membership form and Chq/ Cash/ EFTPOS receipt in an envelope, mark with New Member's name & place it in the secure 'Donations' box at the counter (for Secretary & Treasurer).



<https://www.facebook.com/ProjectArtSpace/>

projectartspace/



<https://www.instagram.com/>



Incorporated under the Associations Incorporation Act 2009

APPLICATION FOR MEMBERSHIP

Mr/Mrs/Miss/Ms	NAME :	
Street Address		
Suburb	Postcode	
Home Ph	Mobile Ph	
Email	Occupation	
I hereby apply to become a member of PROJECT CONTEMPORARY ARTSPACE. I agree to be bound by the constitution of the association for the time being in force.		
Applicant's Signature	(Date)	
Preferred form of Communication (TICK ONE)	Email <input type="checkbox"/>	Mail <input type="checkbox"/>

THIS SECTION IS FOR OFFICE USE ONLY

I,		
	(Full Name)	
as a member of the association, nominate the applicant for membership of the association.		
(Signature of proposer)	(Date)	
I,		
	(Full Name)	
as a member of the association, second the nomination of the applicant for membership of the association.		
(Signature of seconder)	(Date)	

PAYMENT : Cash / EFTPOS / Cheq

RECEIPT NUMBER:



VOLUNTEER APPLICATION FORM

Full Name:

Postal Address:

Phone:

Email:

Signature _____ Date

Volunteering with Project is an opportunity to be part of a team that runs a not-for-profit gallery space run by artists and volunteers.

Please circle/highlight/tick one or more of the areas you would like to volunteer for/ learn about:

Curating	Marketing and promotion	Management	Administration
Installation	Graphic Design	Co-ordinating Exhibitions	Databases

Lighting / equipment	Newsletter	Maintenance & Facilities	Governance & Arts Law
Event Management	Social Media/ Website	RSA	Fundraising
Workshops	Media Release	First Aid	Accounting
	Photography		
Other:			

Are you able to Gallery Sit on any of these days on some occasions?

Mon Tues Wed Thurs Fri Sat
Sun