

ART SIGNIFIKANT

Please complete and sign this form then email a PDF of the form or mail to:

Michael Reid
Standard House
105 Kippax Street, Surry Hills, 2010

artsignifikant@michaelreid.com.au

I WISH TO:

- Join
 Re-join
 Buy a gift membership

- Single \$350 inc. GST
 Double \$500 inc. GST

NEW MEMBER DETAILS

Ms Mrs Mr Dr other

Name(s) _____

Address _____

Suburb _____

State _____

Postcode _____

Phone _____

Email address _____

GIFT RECIPIENT DETAILS

Ms Mrs Mr Dr other

Name(s) _____

Address _____

Suburb _____

State _____

Postcode _____

Phone _____

Email address _____

MY PAYMENT DETAILS

Total payment _____

Card Type*

- MasterCard
 Visa
 American Express

Card number _____

Expiry date _____
MM YYYY

CVV number _____

Card name _____

_____ **Date**

_____ **Signature of Cardholder**

**All credit card payments incur a surcharge of 2%*