



Cairns Art Society Inc.

Hello fellow artist,

Thank you for your interest in the Cairns Art Society.

Membership of Cairns Art Society entitles you to receive the monthly newsletter, a 10% discount on art materials at Art and Office, Australian Art Framers, Cairns Craft Centre and The Picture Framers on presentation of your card, plus discounted fees for CAS exhibitions and workshops. NB.: Please ask The Art Barn about their Loyalty Card.

General meetings are held:

At 10 a.m., the 2nd Saturday of each month (except January) at Cominos House, 27 Greenslopes Street, Edge Hill.

Meetings usually include a Guest Speaker, presenting information or a demonstration on the many facets of art. Members and guests are always welcome to attend, meet fellow artists and enjoy a chat over morning tea. Please note that although Cominos House is our base, this is not a manned office.

Throughout the year we hold three major events; the Annual Open Art Exhibition, the Artists of the North Exhibition, inviting all incorporated art societies and associations within the region to participate and CAIRNS ARTescape, a 5-day workshop to learn or improve art skills with professional tutors.

Membership Forms can be posted to Cairns Art Society Inc., PO Box 1400, Cairns 4870, emailed or presented at our Gallery at the DFO Shopping Centre at Westcourt Plaza.

Memberships are due 1 April and valid until 31 March 2015.

If you have any further queries:

Please contact Maria on 0432 091 043 or email: membership@cairnsartsociety.com

www.cairnsartsociety.com

Membership Form

Cairns Art Society Inc.

PO Box 1400 Cairns Q 4870

email: membership@cairnsartsociety.com

Membership Details

I am renewing - CAS ID: _____

I am a new member of the Society

Mr/Mrs/Ms: _____

Address: _____

_____ Postcode: _____

Phone: (H) _____ (W) _____

Mobile: _____

Email: _____

Membership Fee

Family \$50

Individual / Concession \$35

Donation \$

Enclosed is the amount of \$ _____, payable to Cairns Art Society Inc. by:

Card Cash Cheque Money Order

Cardholder Name: _____

Credit Card No.: _____

Expiry date: ____/____/____

Direct Deposit BSB 633108 A/c 112765391
(Please specify your name in transaction details)

Volunteer for CAS events? _____

Volunteer for DFO Gallery? _____

Signature: _____

Date: ____/____/____

Note: Membership is valid until 31st March 2015

Office Use Only

Receipt Date: _____ No. _____