



Membership Form for 2021

CAPRICORNIA POTTERS GROUP INC.

www.capricorniapottersgroup.com.au

Walter Reid Cultural Centre, Level 2 (Room 5), cnr East & Derby Streets, Rockhampton

Member's Name:		CPG Banking Details (to pay membership via Direct Debt)	
Residential Address:		Bank Name:	<i>Bank of Queensland</i>
		BSB:	124051
		Account No:	21800525
Email Address:		Reference Field:	Please use your <i>Surname</i> so we know who you are
Phone/Mobile:		Alt.phone/mobile:	
Please Indicate (✓) the type of membership you wish to pay for:			
Family	\$50.00	<input type="checkbox"/>	Single
			\$40.00
			<input type="checkbox"/>
			Associate
			\$20.00
			<input type="checkbox"/>

CLUB PROMOTION: We upload photos of members and/or their art to the web for public viewing. Do you agree to your image/art appearing on the web?

YES NO

CLUB ROSTER PREFERENCE:

As part of our membership we all commit to giving time a few times a year to open the rooms to the general public. Please indicate by which day you would prefer to cover a 2 hour roster in the club rooms

Day	Time	Preference
WEDNESDAYS	10:00AM TO 12:00 NOON	<input type="checkbox"/>
SATURDAYS	10:00AM TO 12:00 NOON	<input type="checkbox"/>

CPG Newsletter Please indicate (✓) how you wish to receive the Club's Newsletter - Post: Email:

Name:	
Residential Address:	
Telephone Number:	Mobile:
Email Address:	

Please complete ALL sections of this form and return it with your payment (or by it's self, if you have direct debited your membership fees) to the above address.

Thank you,

CPG Membership Officer