



PORTLAND CEMA INC.
COUNCIL FOR THE ENCOURAGEMENT OF MUSIC & THE ARTS
A0009300V

MEMBERSHIP APPLICATION FORM 2026-27

If membership has lapsed for longer than 3 months tick new member

☐

NEW MEMBER

☐

RENEWAL

I, **NAME OF APPLICANT**

support the purposes and rules of Portland CEMA Inc. I have been given access to the Rules of Incorporation, the Child Safety Policy and Code of Conduct via <https://www.portlandcema.org.au/important-information> and agree to abide by them. Full rights will be approved by CEMA Executive.

Signature of Applicant **Date**/...../.....

Parent/Guardian if applicant under 18 **Date**/...../.....

Email address **Phone**

POSTAL ADDRESS

Parents of 12-17 yr olds please complete. My child (Name) **is** years old.

Emails from Portland CEMA Inc. will come to **my email address**

CEMA INC. MEMBERSHIP ALLOWS ADULT MEMBERS TO ATTEND ANY GROUP.

An additional levy may be charged by each group. Groups marked ** offer occasional opportunities for members 12 - 17 years to participate. **PLEASE TICK ONLY THE GROUPS YOU INTEND TO PARTICIPATE IN.**

- ☐ CEMA CHORAL GROUP
☐ CEMA DANCE GROUP **
☐ CEMA THEATRE GROUP **

- ☐ CEMA POETRY GROUP
☐ CEMA UKULELE GROUP
☐ CEMA WRITERS GROUP

FEES FOR 2026/27 help CEMA Inc. to pay a license fee to Glenelg Shire for Portland Arts Centre use, insurance and other ongoing costs.

Membership Fee-

Full Yr (to June30)	6 Month (Jul-Dec ☐ or Jan-Jun) ☐
ADULT ☐ \$50	☐ \$35
CONC ☐ \$40	☐ \$25
JUNIOR 12-17 ☐ \$30	☐ \$20

PLEASE SELECT YOUR CATEGORY CAREFULLY.

Note: a Seniors Card is not accepted as a Concession, as this is not means tested.

Chosen FEE: \$ _____

PAYMENT OPTIONS

Online - www.trybooking.com/DOAAY

Direct Debit - Portland Cema Inc. BSB 063536 Acc:10153032 Ref: *Your Name*.

DONATION: \$ _____

TOTAL: \$ _____

OFFICE USE: To be completed by person accepting payment

FRM2627b

Please mark - Cash ☐ Eftpos ☐ Direct Debit ☐ Credit Card ☐

DATE REC...../...../..... **Receipt No**..... **Issued by**.....

Cut for Payment Record (optional)

Membership Payment Record



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Name..... **Date**..... **Receipt:**.....

IN ACCORDANCE WITH CURRENT PRIVACY LEGISLATION, PERSONAL DETAILS WILL NOT BE DISCLOSED TO ANY UNAUTHORISED PERSONS.

Note: New Membership will be pending (Associate status only - unable to vote) until Executive approval.