



Coffs Harbour

E I S T E D D F O D

ABN 91 943 629 903

PO BOX 725, COFFS HARBOUR NSW 2450

President:	Jye Ramsay	Email:	info@coffseisteddfod.org.au
Vice President:	Richelle Grant	Website:	www.coffseisteddfod.org.au
Treasurer & Public Officer:	Debbie Waters	Facebook:	https://www.facebook.com/groups/214816

CELEBRATING 45 YEARS

Membership Offer

The Coffs Harbour & District Eisteddfod Society has been encouraging and nurturing young performers across various genres for over 40 years. As well as running Eisteddfods, Gala Concerts and workshops where students can showcase their talents, the Society also provides opportunities for talented performers to further their training and experience via scholarships to summer schools, workshops and lessons with renowned teachers. Many performers who have competed at the Coffs Harbour Eisteddfod, have gone on to successful careers in the performing arts.

As a **not for profit** organisation, with all funds raised going back into the running of the Annual Eisteddfod, we would like to invite you to become a member of the Society and support us in continuing this tradition.

Membership to the Coffs Harbour & District Eisteddfod Society Inc. is now available in in two levels.

Individual (All ages) \$10 per year

School/Studio/Business: \$20 per year

Meetings are conducted on the 2nd Thursday of each month, with all members welcome to attend and offer input in the running of the annual event. To support the up-and-coming young performers of our region, please complete the attached Membership form application.

For further enquiries to offer assistance in voluntary roles or financial support, please contact the Executive committee via info@coffseisteddfod.org.au.

We look forward to seeing you at our next Eisteddfod event.



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MEMBERSHIP APPLICATION

INDIVIDUAL NAME: _____

BUSINESS NAME: _____

ADDRESS: _____
_____ Postcode: _____

PHONE: _____ (Home) _____ (Work)

Fax: _____ Email: _____

Membership Fees:

Individual (All ages) \$10 per year

School/Studio/Business: \$20 per year

Yes, I would also like to make a donation to the running costs of the Annual Eisteddfod. **TOTAL:** \$ _____

Applicant's Signature: _____ Date: _____

Payment method: Cheque/Money Order/Cash _____

By signing this application, successful applicants agree to abide by the constitution and rules of the Coffs Harbour & District Eisteddfod Society Inc. Membership is valid annually from 1 August to 31 July the following year.

OFFICE USE ONLY:

We hereby propose: _____ for membership of the Coffs Harbour & District Eisteddfod Society Inc. We believe that he/she is a fit and proper person to belong to the Society.

Proposed: _____ Member Number: _____

Second: _____ Member Number: _____

Date: _____ Member Number Issued: _____