



Individual Membership Offer 2023 / 2024

President:	Debbie Waters	president@coffseisteddfod.org.au
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Website: www.coffseisteddfod.org.au
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The Coffs Harbour & District Eisteddfod Society has been encouraging and nurturing young performers across various genres for over 51 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 organization, 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 for 2023-2024 is available to the community for individuals at \$10.00 per year

Meetings are conducted monthly with all members welcome to attend and offer input into the running of the annual event. To support the up and coming young (and old) performers of our region, please complete the attached Membership form application.

PLEASE NOTE: Membership applications are to be received by our secretary before 20th August meeting. to be accepted to enable voting at AGM in September (17/09/2023).

Non-Voting Members may join at anytime.

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.



New / Renewal (please circle) 2023 / 2024

Contact Details:

Individual Name:	
Address:	
Mobile:	
Email:	

Working with Children:

Number:	
Expiry Date:	
DOB (WWC Check):	

Membership Fees:

Individual (All ages) \$10 per year

Yes, I would also like to donate to the running costs of the Annual Eisteddfod. TOTAL: \$_____

Applicant's Signature: _____ Date: _____

Payment method: Cheque/Money Order/Cash/Eft (please circle payment option) TOTAL \$ _____

Electronic Funds Transfer:

BSB: 533-000

Account: 32852689

Ref: Your Surname & the word "Membership"

By signing this application, successful applicants agree to abide by the constitution and rules of the Coffs Harbour & District Eisteddfod Society Inc and declare they have no Criminal record, and also agree to WWC Checks (if required). Membership is valid annually from 1 September 2023 to 31 August 2024 the following year. I also declare that by signing this Membership application, I have no criminal record .

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: _____