

## SOUTHERN EDGE ARTS





Λ	ΛI	= 6	۱л	R	F	D	ח	FI	ГΑ	ш	C
ı١	/16	=1	VI	D	E	П	u	E	Н		.3

NAME	DATE OF BIRTH	WORKSHOP			
Please tick this box if you	DO NOT want SEA to publish	h your ch	ild's image in phot	os or video	
PARENT/GUARDIAN DETAI	LS				
NAME:			RELATIONSHIP:		
EMAIL:			PHONE:		
ADDRESS:		<u> </u>	-		
2 <sup>nd</sup> CONTACT NAME:			PHONE:		
PAYMENTS  MEMBERSHIP FEE of \$20 (\$1	.5 for additional family membe	er) each ca	alendar vear is due a	at time of application	
	the beginning of each term ar	•	-	• •	
Payment are accepted	d via: EFTPOS, cash, register no See SEA's 2024 Payment		•	00  ACC 130 294 770)	
<ul> <li>Adhere our Member Code</li> <li>Your email address being a</li> <li>Photos or video footage be websites to promote the w</li> <li>In order for SEA to deliver culturally a Aboriginal or Torres Strait Islander</li> </ul> All members are encouraged to contain the containing of the containing	of SEA, you're agreeing to:  (available to download on our webs) of Conduct and Policies, added to our Newsletter database (your sering taken of members and used on the york of SEA and our funding bodies underelevant and accessible programs, place.	ou can unsub he SEA webs nless opted o ease indicate	oscribe at any time). site, Youtube, Vimeo, Fac out above. e if you would like to ide	cebook and other third party's ntify as	
		rs such as n	naintaining a physical	distance where possible and	
practising good hand and cough I		rs such as n	naintaining a physical	distance where possible and	

Must be signed by a relative/guardian over 18 years