

# GET KICKIN' MEMBERSHIP FORM

Name \_\_\_\_\_

Postal Address *incl. Town / State / Postcode*

\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Goal Kicker

Career Kicker

Professional

Student (*Student ID required*)

Sideline Supporter

## PAYMENT DETAILS:

VISA

Mastercard

Amex

Diners

Card Number \_\_\_\_\_

Expiry \_\_\_\_\_

Cardholder name \_\_\_\_\_

Signature \_\_\_\_\_

## OFFICE USE ONLY

Date \_\_\_\_\_ Reference # \_\_\_\_\_

Signature \_\_\_\_\_

**KICK**  
**CONTEMPORARY**  
**ARTS**

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