

**Our Mission:** To inspire new circus experiences that connect, transcend and awaken our shared humanity through curiosity, art, play and achievement.

WITH THANKS TO:



Government of South Australia  
ARTS SA

**APPLICATION FOR NEW MEMBERSHIP OR RENEWAL OF MEMBERSHIP OF SA CIRCUS CENTRE – HOME OF CIRKIDZ**

I wish to **apply for** (or) **renew** (please circle) my membership of SA Circus Centre – Home of Cirkidz;

Type of Membership:

Participant (all enrolled current fee paying participants)	Community (Non-Participant)
\$10	\$20

Name:	
Age: if under 18	
Address:	
Phone:	
Mobile:	
Email:	

I am a currently a paid up member of SA Circus Centre – Home of Cirkidz,

**Yes/No**

Name of Class: .....

I agree to pay the membership fee **Yes/No**

Signed (if U18 must be co - signed by parent or guardian):

.....

Guardian .....

Date: .....

Direct Debit  
Cirkidz Incorporated  
BSB 035033  
Account 162559

