



**THEATRE ORGAN SOCIETY OF AUSTRALIA
(QUEENSLAND DIVISION) INC.
www.tosa-qld.org**

MEMBERSHIP APPLICATION

APPLICANT'S NAME _____
(Please Print)

PARTNER'S NAME * _____

POSTAL ADDRESS _____

_____ POSTCODE _____

EMAIL ADDRESS _____

TELEPHONE (Home) (_____) _____ WORK / MOBILE _____

I hereby apply for membership of TOSA (Qld Divn) Inc. and state that I will abide by the rules of the Association if accepted as a member.

Signature _____ Date ____ / ____ / 20____

Proposed by _____ (Name) _____
(Signature)

Seconded by _____ (Name) _____
(Signature)

Yes (tick) I would like to receive the Tibia monthly magazine by email only.

Please indicate where you would like to assist at TOSA events (tick boxes below):

- PERFORMING:
 MONTHLY MEETING DUTIES:
 WEB & PUBLISHING (TIBIA):
 CONCERTS & SPECIAL EVENTS:

MEMBERSHIP FEES (tick one box)

DOUBLE* \$60 SINGLE \$35 LONG DISTANCE / ASSOCIATE \$30

This signed form and payment can be posted to :

The Treasurer
TOSA Qld. Divn. Inc.
26 Gable Street
STAFFORD HEIGHTS QLD. 4053

(Cheques should be made payable to: "Theatre Organ Society of Australia - Qld Divn Inc").

Official Use Only

Received: _____

Approved: _____

Receipt Nr.: _____