



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

MEMBERSHIP RENEWAL

APPLICANT'S NAME _____
(Please Print)

PARTNER'S NAME * _____

POSTAL ADDRESS _____

_____ POSTCODE _____

EMAIL ADDRESS _____

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

I hereby reapply for membership of TOSA (Qld Divn) Inc. and state that I will abide by the rules of the Association.

Signature _____ Date ____ / ____ / 20____

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

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

I enclose payment of \$ _____

(Optional) donation of \$ _____

Total Cheque \$ _____

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

This signed form and payment can be posted to :

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

Official Use Only
Received: _____
Approved: _____
Receipt Nr.: _____