



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

MEMBERSHIP RENEWAL 2012

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).
(Printed version is a single A4 page info sheet)

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

- | | |
|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> PERFORMING | <input type="checkbox"/> CONCERT REVIEWS (TIBIA) |
| <input type="checkbox"/> MONTHLY MEETING DUTIES | <input type="checkbox"/> 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 / Transfer \$ _____

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").

**NEW: Direct Bank Transfer Information
(remember to include your name as the reference)**

Account Name: Theatre Organ Society of Aust Qld Divn Inc.
BSB Number: 638 070
Account Number: 5537819
Reference <insert your name here>

Official Use Only

Received: _____
Approved: _____
Receipt #: _____
Direct Transfer #: _____