



**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 _____ (Print) _____ (Signature)

Seconded by _____ (Print) _____ (Signature)

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

(Printed version is a single A4 page info sheet)

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

PERFORMING

CONCERT REVIEWS (TIBIA)

MONTHLY MEETING DUTIES

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 #: _____