

## Membership Application

FAMILY NAME		FIRST NAME		PREFERRED FIRST	PREFERRED FIRST NAME	
STREET # STREET NAME		SUBURB			POST CODE	
EMAIL ADD	PRESS			PHONE #		
DOB (DD / MM / YYYY PARTNER'S OR EMERGENCY (			CONTACT'S NAME	THEIR PHONE #		
In the eve	ent of my admissior				ess Harmony Chorus (chorus). including that I have 6 months	
		DATE	SIGNATURE OF APPLIC	CANT		
MEMBER W	VHO INTRODUCED APPLI	CANT TO THE CHORUS NOMINA	ATOR (USUALLY SECTION LEA	ADER) SECONDER (US	JALLY MD)	
DATE	ATE DATE			DATE		
\$ JOINING FE	E DATE PA	ID (REGISTRATION DATE)	TREASURER (OR ASSISTA	NT TREASURER)		
			final audition to becom	ne a Full Member of this chor	us and make the following	
DATE		MD				
ANNUAL	FEES CALCULATED A	AS SSE \$	BHA \$	TOTAL IS \$		
TREASUR	RER'S COMMENTS _					
AMOUNT P	PAID	TREASURER	DATE	PRESIDENT	DATE	