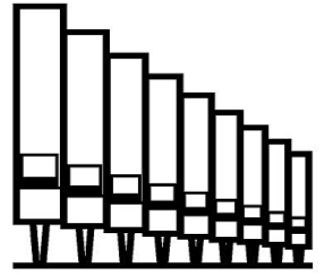


# Theatre Organ Society of Australia - Queensland



## Membership Application / Renewal 2023

APPLICANT'S NAME \_\_\_\_\_ (Please Print)

PARTNER'S NAME \* \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**(Required for full colour version of the monthly Tibia Newsletter)**

TELEPHONE (Home) (\_\_\_\_\_) \_\_\_\_\_ MOBILE \_\_\_\_\_

❖ I/we hereby apply to become/remain a member/members of the **Theatre Organ Society of Australia Queensland Division** (TOSA Qld Inc.) and state that I/we will abide by the rules of the association if accepted as a member.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / 2023

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / 2023 **(Required for under 15 years)**

Membership will be granted by the management committee upon receipt of this written application. The only qualification for membership is a genuine interest in the theatre pipe organ as a means of entertainment.

### MEMBERSHIP FEES

DOUBLE \* \$60     SINGLE \$35     LONG DISTANCE \$30     JUNIOR (**FREE-** 15Yrs & Under)

I enclose payment of \$ \_\_\_\_\_

(Optional) donation of \$ \_\_\_\_\_

**Total Cash / Cheque / Transfer / Online** \$ \_\_\_\_\_

(Donations of \$2 or more are Tax Deductable.)

- 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>

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

- This signed form and payment can be posted to:

The Secretary  
TOSA Qld Divn Inc.  
4167 / 37C Harbour Road  
HAMILTON QLD 4007

Receipt Book Number (Cash / Cheque): \_\_\_\_\_ Electronic Transfer / Online Reference Number: \_\_\_\_\_