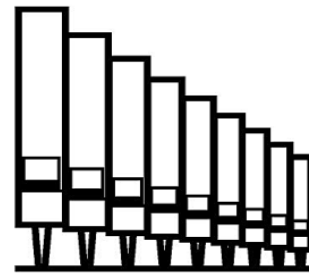


Theatre Organ Society of Australia - Queensland



Membership Application / Renewal 2024

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** ____ / ____ / 2024

Parents Signature _____ **Date** ____ / ____ / 2024 **(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: _____