

Please quote initial and surname in reference.

South West Wind and Jazz Orchestras Inc. City of Bunbury Band Rooms, 34 Stirling Street, PO Box 1142, Bunbury WA 6231 Email: swwjo1@gmail.com



Application for Membership South West Wind and Jazz Orchestras Inc.

| Full name | Instrument/s played: | |
|---|--|---|
| (please print) Address | | |
| Contact details: Mobile: | Email: Work phone: | |
| | | |
| Please indicate if you are a student: School Age (if under 18 years): | _ ,_ | |
| Parent / Carer name: | Contact number if different from above | 2: |
| I hereby apply for membership of the Sout | h West Wind and Jazz Orchestras Inc. and I agr | ee to – |
| Pay the annual membership fee on | any regulations and by-laws of the band. registration and at the AGM thereafter. I uniform, including an initial, refundable blaze | r deposit. |
| Provide my own instrument.Attend weekly practice regularly an | nd give apologies to a committee member whe | n unable to attend. |
| Signed | Date | |
| Committee Decision: Approved/Disapprov | red | |
| | (Print Name) | |
| Date: | | |
| media. This could include the band newsletter, in television). Please complete the form below indicates | the opportunity to have their photograph/image and na newspapers, on the band's web page and in other pub- ating whether or not you give permission for your phot age of 18 years this form must also be signed by your | olications or media (eg tograph/image to be used for |
| I give my permission for my photo /my child': | s photo to be published in the following places: | |
| Newsletters: | Other media i.e. Television: | |
| Newspaper: | On the band's web page: | |
| Other publications: | | |
| I'd prefer my photograph not be published: 🗌 | | |
| Member's signature: Parent/Guardian signature (for members under | r 18 years of age): | |
| Fees: Individual. \$140 Waged \$90 Unwaged | 2. 2 or more waged - \$230. 2 or more unwa | ged: \$130 |
| Bank Account Details: BSB 036 122 | Account Number 686762 | |