



NEW MEMBERSHIP APPLICATION

General information:

- The membership fee for a new applicant is due immediately after the committee has approved their application, and the applicant has been notified of their acceptance in writing. Therefore, NO membership fee is payable with this application.
- **For Southern Area CONCERT Band Applicants:** Membership rate for NEW and RETURNING adult members is \$50, or \$35 for junior members (under 18 years old). There is a one-off additional payment for NEW members of \$75 required for purchase of the SACB vest and hat. Annual fees from the second year of membership onwards are payable from January 1st of each year.
- **For Southern Area TRAINING Band Applicants:** Membership rate for NEW and RETURNING members is \$30. Annual fees from the second year of membership onwards are payable from January 1st of each year.
- Please note new members for either the Concert or Training Band who join mid-year pay a pro-rata fee in their first year of membership.

PERSONAL DETAILS

I wish to join (tick as applicable): Southern Area Concert Band Southern Area Training Band

Name: _____

Address: _____

Postcode: _____

Ph Home: _____ Ph Work: _____ Mobile: _____

E-mail: _____

Please note the above details may be made available to the band committee as required.

DOB: _____

School (if applicable): _____

Occupation (if applicable): _____

MUSICAL EXPERIENCE

Instrument(s): _____ Years: _____ AMEB Level: _____

Have you ever been enrolled with any other State Banding Organisation? YES / NO

If "Yes", please provide details including registration number: _____

Have you, or do you play with any other band? YES / NO

If "Yes", please provide details: _____

OTHER INFORMATION

Do you have any family members or friends who may be willing to help the band? YES / NO

If "Yes", please provide details: _____

Other than playing, do you have any other experience or abilities that may be beneficial to the band? YES / NO

If "Yes", please provide details: _____

Would you be interested in being on the committee or involved in other areas of the band? YES / NO

If "Yes", please provide details: _____

How did you find out about the band? _____

Briefly, please outline your reason for applying to join the band: _____

Signature of Applicant: _____ Date: _____

Name of Parent/Guardian (if applicant under 18 years old): _____

Signature of Parent/Guardian: _____ Date: _____

Please return this completed application form (NO membership fee payable) to the Secretary (or Training Band Manager) at the next band rehearsal, or post to:
 SACB, PO Box 1071, Moorabbin Vic 3189

Your application will be considered at the next committee meeting and you will be advised in writing of the outcome and any payable fees.

OFFICE USE ONLY			
DATE FORM RECEIVED: _____	For junior members: Any medical conditions listed? Yes / No		
COMMITTEE APPROVAL: Music Director: _____	Date: _____	/	/
Section Leader: _____	Date: _____	/	/
President: _____	Date: _____	/	/
Secretary (on behalf of committee): _____	Date: _____	/	/
Payment received _____ / /	Welcome letter sent _____ / /	VBL Registered _____ / /	
Receipt issued _____ / /	Name badge provided _____ / /		