

**CLARINET & SAXOPHONE SOCIETY OF VICTORIA Inc.**  
ABN 82 556 321 143

**APPLICATION FOR (or renewal of) MEMBERSHIP**

Name Dr. Mr. Mrs. Miss Ms.....

Address.....

Suburb.....Postcode.....

Telephone.....Mobile.....

Email.....

Instruments played: Clarinet: Eb Bb Alto Bass    Saxophone: S A T B

Student School  Tertiary  Adullt  Prof. Player  Teacher  Other

Do You Teach? Yes/No. Which Instruments?.....

If so, do you authorize your name being circulated as a teacher? Yes/No

Payment by     Cheque         Money Order         Bank Transfer

Bank Transfer details

Commonwealth Bank BSB 063 001 Account 00905518

Account Name The Clarinet & Saxophone Society of Victoria

**Please ensure that you put your name as a reference.**

- |                          |                        |                          |             |                          |                |
|--------------------------|------------------------|--------------------------|-------------|--------------------------|----------------|
| <input type="checkbox"/> | Renewal of Membership  | <input type="checkbox"/> | \$40        | New Member               |                |
| <input type="checkbox"/> | \$40 Ordinary          | <input type="checkbox"/> | \$80 Family | <input type="checkbox"/> | \$25 Associate |
| <input type="checkbox"/> | \$20 Full-time Student | <input type="checkbox"/> | \$600       | Life member              |                |

**Please send completed form to**  
The Secretary  
Clarinet & Saxophone Society of Victoria  
PO Box 380  
Burwood 312

**MEMBERSHIP IS NOT CONFIRMED UNTIL RECEIPT OF THIS FORM**