CLARINET & SAXOPHONE SOCIETY OF VICTORIA

ABN 82 556 321 143

APPLICATION FOR MEMBERSHIP AND RENEWAL

Name:	Dr, Mr, I	Mrs,	Ms .						
Address	:								
Suburb:									
Telephone:					Mobile:				
Email: _									
Instrum	ents play	ed:	Clar	inet:	□ ЕЬ,	□ ВЬ,	□ alto,	□ bass	
			Saxo	ophone:	\square sop,	□ alto,	☐ tenor,	□ bari,	□ bass
Member	rship:								
□ \$50 Full member					□ \$50 New member				
	□ \$25 Student member					□ \$600 Life member			
Do you	teach mu	ısic?		Yes □]	No.				
	If so, we	ould	you	like you	r name ci	rculated a	s a teacher?	?	□ No.
Paymen	t by:		cash		cheque	□ bar	nk transfer [†]	□ Pa	nyPal ^{††}
					monwealth Bank 063 001 Account 0090 5518 ase include your name with payment)				
^{††} PayPal: www.				www.cl	lasax.org				
Please s	end com	plete	ed for	m to:					
	The Sec	reta	ry Saxop		ociety of	Victoria			

Burwood VIC 3125