CLARINET & SAXOPHONE SOCIETY OF VICTORIA

ABN 82 556 321 143

APPLICATION FOR MEMBERSHIP AND RENEWAL

Name:	Dr, Mr, M	rs, Ms						
Address	:							
Suburb:				State:				
Telephone:								
Email: _								
Instrum	ents played	d: Claı	rinet:	□ ЕЬ,	□ ВЬ,	□ alto,	□ bass	
		Sax	ophone:	\square sop,	□ alto,	□ tenor,	□ bari,	□ bass
Member	rship: □ \$50]	Full me	mber or	New men	mber			
	□ \$25	Student	member		□ \$6	600 Life m	ember	
Do you	teach mus	ic? □ `	Yes □]	No.				
	If yes, wo	ould you	ı like yo	ur name (circulated	as a teacher	r? □ Yes	s □ No.
Paymen	t by: □ cash		□ bank deposit [†]			□ PayPal ^{††}		
	†Bank transfer:		Commonwealth Bank BSB 063 001 Account 0090 5518 (please include your name with payment)					
^{††} PayPal: w			www.c	www.clasax.org				
Please s	end compl	leted for	rm to:					
	The Secret Clarinet &	& Saxo _l	phone So	ociety of	Victoria			

ASHBURTON VIC 3147