Warragul Theatre Organ Society

MEMBERSHIP APPLICATION FORM

NAME:

ADDRESS:			
PHONE:			
EMAIL:			
FEES:			
Family (of 2)		\$15∙00	
Single		\$10∙00	
Junior (under 16 or Student)		\$5∙00	
		Sub Total	\$
Joining fee (new members) \$7.50 per person		\$	
	Total Am	ount Payable	\$
Note: Th	e Membership year is f	rom 1st October	to 30th September
Retur	n this completed	form with p	payment to:

The Membership Secretary c/o 17 Eade Avenue Warragul Victoria 3820 (Cheques made payable to W.T.O.S.)

Warragul Theatre Organ Society Incorporated Inc. No. A00 19468P ABN: 92 750 384 Gippsland division of TOSA (Theatre Organ Society of Australia)

www.warragultheatreorgan.org.au

OFFICE USE ONLY	
Paid on	Receipt No
Membership No	Membership Card Issued

