

# 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) \$7.00 per person \$ .....

Total Amount Payable \$ .....

**Note:** The Membership year is from 1st October to 30th September

Return this completed form **with 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](http://www.warragultheatreorgan.org.au)

### OFFICE USE ONLY

Paid on ..... Receipt No .....

Membership No ..... Membership Card Issued .....

