

MEMBERSHIP APPLICATION/RENEWAL 2017-18

Membership to the Australian Strings Association is valid for 1 year or 3 years from join date. On line applications are available. Payment can be made through a secure gateway and the membership will be active within 24 hours of payment being processed.

First Name: _____ Family Name: _____
 Organisation: _____
 Address: _____
 Suburb: _____ State: _____ Postcode: _____
 Phone Numbers: Home: () _____ Business: () _____ Mobile: _____
 Email: _____
 Instruments Played: _____

MEMBERSHIP CATEGORIES

The following membership categories are available (please circle)

Price (inc GST)
One Year Three Years

Individual – Individuals and sole traders within Australia.	\$100.00	\$290.00
Overseas – Individuals resident outside Australia. No GST is included.	\$65.00	\$188.50
Family/School/Community Orchestra/Organisation. – Up to five names can be included in this membership. Please complete an additional form for each person.	\$145.00	\$420.50
Student – Full time students at school or university. (please include proof of eligibility – e.g. Student ID, or for primary students - proof of age. Memberships will not be processed until documents are received)	\$55.00	\$159.50
Concession – Pensioners, Retirees and Health Care Card Holders. (please include proof of eligibility – e.g. pension or health care card) - Membership will not be processed until documents are received	\$55.00	\$159.50

Please indicate your areas of interest

Private Studio	<input type="checkbox"/>	Private School	<input type="checkbox"/>	Orchestra	<input type="checkbox"/>
Music Retailer	<input type="checkbox"/>	Public School	<input type="checkbox"/>	Amateur Player	<input type="checkbox"/>
Instrument Maker	<input type="checkbox"/>	Primary School	<input type="checkbox"/>	Freelance Professional	<input type="checkbox"/>
Publisher	<input type="checkbox"/>	Secondary School	<input type="checkbox"/>	Conductor	<input type="checkbox"/>
Early Music	<input type="checkbox"/>	Tertiary Institution	<input type="checkbox"/>	Chamber Music	<input type="checkbox"/>

To join send your completed application with your payment (as indicated below) to:

AUSTA National Administration Office
 PO Box 187
 East Brunswick Vic 3057

PAYMENT METHODS:

1. I enclose a **cheque/Money Order** payable to AUSTA

2. **Please charge my** Visa Mastercard

Number _____ - _____ - _____ - _____ **CVV** _____ **Expiry Date:** ____/____ **Amount:** \$_____

Name on card: _____ **Signature:** _____

Please print clearly

I understand that AUSTA is a company limited by guarantee and that in the event of winding up my liability is a maximum of \$20.

Please subscribe me to the following mailing lists (you can unsubscribe at any time):

AUSTA Newsletters and Events AUSTA e-news