

| | | Individu | P APPLICATION/RENEWA als & Families - 2022 until 31 December 2022) | L | | |
|---|-------------------------------------|--|--|----------------------|----------------|----------|
| | Online applicat | ions are available. Payr | sociation is valid for 1 year or 3 y ments can be made through a so vithin 24 hours of payment being | ecure gateway and | | |
| First Name: | Surname: | | | | | |
| Postal Address: | | | | | | |
| Suburb: | State: Post Code | | | |): | |
| Preferred Phone Number: Other: | | | | | | |
| Email (please prin | t): | | | | | |
| Instruments Playe | d | | | | | |
| New members, plant | ease provide a us PTIONS (Please | e r name (cannot be cł e circle) | nanged) | | 1 Year | _3 Years |
| Individuals - Individuals and sole traders within Australia | | | | | \$111.00 | \$321.90 |
| Overseas - Individual resident outside Australia (No GST included) | | | | | \$74.00 | \$214.60 |
| Family - Up to 5 names can be included in this membership. Please complete an additional form for each person | | | | | \$166.00 | \$441.40 |
| Student - full time students at a school or university. (Please provide proof of eligibility. Memberships cannot be processed until documentation is received) | | | | d) | \$61.00 | \$176.90 |
| Concession - Pensioners, Retirees and Health Care Card Holders (Please provide proof of eligibility. Memberships cannot be processed until documentation is received) | | | | | \$61.00 | \$176.90 |
| Please indicate y | our areas of in | terest | | | | |
| Private Studio | Ins | trument Maker | Primary School | Orch | estra | |
| Music Retailer | Ear | ly Music | Secondary School | Ama | Amateur Player | |
| Publisher | Ind | ependent School | Tertiary Institution | Char | Chamber Music | |
| Conductor | _ | vernment school | Freelance Profession | | | |
| To join, please en | nail your compl | eted application fo | orm to: admin@austa.asn | .au | | |
| Payment: (Memb | ership will be p | processed upon re | ceipt of payment) | | | |
| Please charge m | v Visa 🛛 | Mastercard | | | | |
| _ | - | | CVV Expiry Da | ate:/ / | Amount: \$ | |
| Name on card: | | | Signature: | | | |
| | | |) Box 187, East Brunswick, | | | |
| | • | | ansfer. admin@austa.asn.a | | | |
| □ I understand that \$20. | AUSTA is a com | pany limited by guarar | ntee and that in the event of wi | inding up my liabili | ty is a maxim | ium of |
| | to the following m | ailing lists (you can ur | nsubscribe at any time): | | | |