



MEMBERSHIP APPLICATION/RENEWAL
Individuals & Families - 2025
(Rates valid until 31 December 2025)

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

First Name: _____ Surname: _____

Postal Address: _____

Suburb: _____ State: _____ Post Code: _____

Preferred Phone Number: _____ Other: _____

Email (please print): _____

Instruments Played _____

New members, please provide a username (cannot be changed) _____

MEMBERSHIP OPTIONS (Please circle)	1 Year	3 Years
Individuals - Individuals and sole traders within Australia	\$129.00	\$347.10
Overseas - Individual resident outside Australia (No GST included)	\$86.00	\$249.40
Family - Up to 5 names can be included in this membership. Please complete an additional form for each person	\$192.00	\$556.80
Student - full time students at a school or university. (Please provide proof of eligibility. Memberships cannot be processed until documentation is received)	\$71.00	\$205.90
Concession - Pensioners, Retirees and Health Care Card Holders (Please provide proof of eligibility. Memberships cannot be processed until documentation is received)	\$71.00	\$205.90

Please indicate your areas of interest

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

To join, please email your completed application form to: admin@austa.asn.au

Payment: (Membership will be processed upon receipt of payment)

Please charge my Visa ☐ Mastercard ☐

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

Name on card: _____ Signature: _____

Please print clearly

Please send all cheque to AUSTA National Office, PO Box 187, East Brunswick, VIC 3057

Please email admin if you would like to pay by bank transfer. admin@austa.asn.au

☐ 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

AUSTA NATIONAL OFFICE - PO BOX 187 - EAST BRUNSWICK VIC 3057

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