

2019



SQUAWKESTRA MEMBERSHIP FORM

Method of payment:

→ Direct deposit - **please make sure you put your name in the payment description:**

Account name: SQUAWKESTRA INC.

Bank: BENDIGO BANK

BSB: 633-000

ACCOUNT#: 131367583

Full Name:	
Address:	
Suburb:	Postcode:
Email:	
Mobile number:	
Home number:	
Instrument:	
Emergency contact:	Name: Phone number:
Annual Membership Fee	\$150 \$100 (concession)
Membership agreement	<p>I give permission for my photo/quotes to be used in Squawkestra promotional material (website, posters etc.). I understand that I must give written notice to end my membership (email preferred). I understand that all communication regarding Squawkestra is done via email and I am responsible for keeping up to date with email notifications. I agree to keep Squawkestra administrators up to date with my current contact information.</p> <p>Signed:</p> <p>Date:</p>

Admin Only

1st Rehearsal date:

Paid date:

Expires:

Receipt #: