



Queensland Clarinet and Saxophone Society Inc

PO Box 2272 Toowong 4066

email: info@clarinet-saxophone.asn.au website: www.clarinet-saxophone.asn.au

MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

Suburb: _____ Post Code _____

Telephone _____ Mobile _____

Email: _____

____ I wish to be included in the QCASS online Teachers Register

Qualification(s) _____

Instrument(s) _____

Contact Information _____

PAYMENT DETAILS

Standard Membership

1 Year (\$35.00)

2 Year (\$60.00)

Student Membership

1 Year (\$30.00)

2 Year (\$55.00)

(Please supply copy of student ID)

____ **Cheque/money** order in the amount of: \$ _____

(Please make payable to Queensland Clarinet and Saxophone Society Inc)

____ **Direct Deposit** in the amount of: \$ _____

(use first initial and surname in reference field)

Account Name: Queensland Clarinet and Saxophone Society Incorporated

BSB: 484-799 Account No: 030624578

Signature: _____

Date: _____

Please send application form with payment details to:

Queensland Clarinet and Saxophone Society

PO Box 2272 Toowong QLD 4066

or via Email to

info@clarinet-saxophone.asn.au