



# CLARENCE CITY BAND

MAIL: PO BOX 1412, Lindisfarne TAS 7015

EMAIL: [secretary@clarencityband.com.au](mailto:secretary@clarencityband.com.au) | [www.clarencityband.com.au](http://www.clarencityband.com.au)

## Membership Details

<b>Name</b>	<b>Date of Birth (if under 18yrs)</b>
<input type="text"/>	<input type="text"/>

<b>Home Address</b>	<b>Contact Number</b>
<input type="text"/>	<input type="text"/>

<b>Email Address</b>
<input type="text"/>

<b>Email Address of Guardian (if applicant is under 18yrs)</b>
<input type="text"/>

## Emergency Contact

<b>Name of Contact (of Guardian if applicant is under 18yrs)</b>	<b>Relationship</b>
<input type="text"/>	<input type="text"/>

<b>Contact Number</b>	<b>Email</b>
<input type="text"/>	<input type="text"/>

<b>Doctor</b>	<b>Phone</b>	<b>Address</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Membership Details

- New Member   
  Renewing Member   
  Life Member  
 Adult (\$60)   
  Under 18 / Full Time Student / Pensioner (\$35)   
  Community (Non-Playing) (\$30)

**Account Name:** Clarence City Band | **BSB:** 807-009 | **Acc. No.** 12168524 | **Ref:** Your Name – Member/Instrument Hire  
**Ensembles that I will be playing in:** (please tick all applicable)

<input type="radio"/> Concert Band	<input type="radio"/> Big Band	<input type="radio"/> Brass	<input type="radio"/> Crosswinds
<input type="radio"/> Flute Choir	<input type="radio"/> Jazz Ensemble	<input type="radio"/> Beginner (Red Band)	<input type="radio"/> Level 2 (Blue Band)
<input type="radio"/> Intermediate (Level 3)	<input type="radio"/> Symphonic (Transition)		

## Instrument Hire (if applicable) Hire: \$100 per year / \$50 in 6 monthly instalments)

- I am currently hiring an instrument   
  Instrument being hired: \_\_\_\_\_  
 I would like to hire an instrument   
  Instrument you wish to hire: \_\_\_\_\_

## Volunteering Opportunities

- I am interested in serving on the Clarence City Band Management Committee or a Sub-Committee  
 I am interested in helping at events and concerts.  
 I am interested in becoming a mentor.  
 Maybe Later

## Medical

Briefly outline any health and/or disability matter that we need to be aware of:

In the event of an accident or illness when it is impracticable or impossible to communicate with me or a parent/guardian, I authorise the ensemble leader or their delegate to: *(please tick)*

- consent to such medical or surgical treatment as may be deemed necessary.
- administer such first aid as may be judged to be necessary.
- None of the above
  
- I agree to reimburse the band for any hospital, medical or ambulance expenses incurred by the band on behalf of myself or my child.

## Media Consent

The Clarence City Band uses newsletters, newspaper articles, flyer, websites, FaceBook and other electronic media to publicise to our members and the wider community. Please confirm (or not) your permission for the Clarence City Band to use your photo and or video for marketing purposes.

- I agree that you may use images of me / my child as described above.
- I do not agree that you may use images of me / my child as described above.

## Code of Conduct

The Clarence City Band commits to encouraging a safe, supportive, welcoming, and respectful environment for all. To this end, the Clarence City Band asks all member to uphold the Clarence City Band Code of Conduct found at [www.clarencecityband.com.au](http://www.clarencecityband.com.au) – Code of Conduct. Please review the Code and confirm (or not) your willingness to accept these as a condition of your Membership. *(please tick)*

- I agree to uphold the Clarence City Band Code of Conduct
- I do not agree to uphold the Clarence City Band Code of Conduct *(please state reason)*

## Terms & Conditions

I, the undersigned understand that I, or my child, cannot be elected as a member of the Band until this application for membership has been accepted at a meeting of the Committee and I have paid all relevant fees. By signing this form, I am confirming that all details are true and correct.

I understand that I will be copied into all email correspondence that is sent to my child. I also understand that I may be asked to pick up my child in the event of serious misbehaviour during any band activity.

.....  
**Name**

**Signature**

**Date**

## Personal Information Protection Statement

Personal information will be collected from you for the purpose of managing your membership and band communication with you. Personal information will be used for the primary purpose for which it is collected and may be disclosed to health care and emergency services in the case of a medical emergency. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it related on request to the Secretary of the Clarence City Band.

**Please place this form in the Secretary Tray, locked Suggestions Box or hand it to a Conductor.**

**Forms can be emailed to [secretary@clarencecityband.com.au](mailto:secretary@clarencecityband.com.au)**