

CLARENCE CITY BAND INC.

MAIL: PO BOX 1412, Lindisfarne TAS 7015 EMAIL: secretary@clarencecityband.com.au

www.clarencecityband.com.au

Membership Details

Name		Date of Birth (if under 18yr	s or vulnerable person)
Home Address		Contact Number	
Email Address			
Email Address of Guardian (if applicant is under 18yrs o	r vulnerable person)	
_			
Emergency Contact Name of Contact (Note: add Page)	arent/Guardian if annlicant is und	er 18yrs/vulnerable person) Relatio	nship
Traine of Contact (Note: add 1)	arcity Guardian in applicant is und	er 1973/ vallierable person/ Relacio	пэтр
Contact Number		Email	
Medical			
Briefly outline any health and	d/or disability matter that yo	ou feel we should be aware of: (eg allergy,/epipen)
Membership Details/Fees	:		
New Member Renewin	g Member		
Adult (\$80) Ounde	r 18 / Full Time Student / Per	nsioner (\$50) Community No	nplaving (\$40)
Account Name : Clarence City		(400)	
BSB : 037-014 Acc. No . 399-	453 Ref : Your Name – Men	nber/Instrument Hire	
Ensembles that I will be p	laying in: (please tick all a	pplicable)	
Concert Band	Symphonic (Transition)	Jazz Ensemble	Crosswinds
Reginner (Red Rand)	Devel 2 (Blue Band)	Intermediate (Level 3)	

Name	Signature	Date
	o receiving first aid administration and/or tenecessary. I agree to reimburse the Band this event.	•
	Iness when it is impracticable or impossible	•
	that I, or my child, cannot be elected as a posted at a meeting of the Committee and I hetails are true and correct.	• •
OI agree to uphold the O	Clarence City Band Code of Conduct (manda	tory field)
Therefore all members must up	the Code of Conduct, parent/guardian may	uct found at www.clarencecityband.com.au
Ol do not agree that you	se images of me / my child as described ab u may use images of me / my child as descr	
	wsletters, newspaper articles, flyers, websind the wider community. Please tick:	ites, FaceBook and other electronic media
Media Consent		
communication (eg social med		
Clarence City Band Manageme Thelping at events and concerts	ent Committee or Sub-Committee	
-	nity organisation and relies on the help of volumes are lease select from one or more of the choice	volunteers to ensure the band continues. If es below and we will be in touch:
Volunteering Opportunities		
) would like to hire an instrume	ent OPreference of Instrument:	
Instrument Hire (if applicabl	e) Hire: \$150 per year	
Inchrume and Hime /:f amal: I-1	a) Hima, C1FO partican	

Personal Information Protection Statement

Personal information will be collected from you for the purpose of managing your membership and band communication with you and may be disclosed to 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 you on request to the <u>Secretary</u> of the Clarence City Band.

Please hand this form to your Conductor or email to secretary@clarencecityband.com.au