



SOUTH COAST COUNTRY MUSIC ASSOCIATION INC. APPLICATION FORM FOR MEMBERSHIP

Secretary P.O. Box 2074 Wollongong NSW 2500

TELEPHONE 02 42721029

Webpage www.sccma.com.au Email: secretary@sccma.com.au

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TICK APPROPRIATE BOX

<input type="checkbox"/> ALL MEMBERSHIP PER PERSON	\$ 10.00
<input type="checkbox"/> NO FAMILY DISCOUNT	
<input type="checkbox"/> ALL CHILDREN UNDER 16 YEARS	FREE
TOTAL AMOUNT DUE	

APPLICATION INFORMATION

SURNAME	GIVEN NAMES	BIRTH DATE

POSTAL ADDRESS / PHONE NUMBER

No	STREET	SUBURB	P/CODE
PHONE	HOME	MOBLE	
	E-MAIL		

NAME AND AGE OF APPLICANDS CHILDREN UNDER THE AGE OF 16 yrs.

GIVEN NAME	DATE OF BIRTH	AGE

I/We hereby apply for membership of the South Coast Country Music Association. In the event of my/our admission as a member/s, I/We agree to be bound by rules of the association for the time being in force

APPLICANT SIGNATURE	DATE

I having been a financial member of the association for the last 6 month nominate the aforesaid applicant, who is personally known to me, for membership of the association.

SIGNATURE OF THE PROPOSER	DATE

I second the nomination aforesaid applicant, who is personally known to me, for membership of the association.

SIGNATURE OF THE SECONDER	DATE