



Camden Valley Country Music Club

Promoting Country Music in the Camden District since 2004

1300 731 418

APPLICATION FOR MEMBERSHIP

(INCORPORATED UNDER THE AUSTRALIAN INCORPORATION ACT 2004)

Please tick one of the following:

- Family \$15.00
- Single \$10.00
- Junior (16yrs – 18yrs) \$5.00
- Seniors Concession \$6.00 per person
(Must hold seniors card)

Please tick one or more of the following:

- Singer
- Musician –Instrument(s) Played
 - Guitar Bass Keyboard Drums
- Other: _____
- Other: _____

I/We hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

FAMILY NAME: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

POSTAL ADDRESS: _____

Home Telephone: _____ Home Fax: _____

APPLICANT 1

APPLICANT 2

Given Name: _____

Given Name: _____

Mr/Mrs/Ms: _____ Date of Birth: _____

Mr/Mrs/Ms: _____ Date of Birth: _____

Work Phone: _____

Work Phone: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Children's Details (under 16 yrs only):

Name	DOB	Name	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We would like to take the opportunity to thank you for your application to join Camden Valley Country Music Club Inc. Temporary membership is granted while the committee, at the next scheduled committee meeting reviews your application. We invite you to enjoy the members' benefits, except for voting and participating in general or committee meetings, until membership approval is granted and you are notified in writing.

The Committees' decision may be appealed but an appealed decision is final and no correspondence will be entered into.

PRIVACY POLICY

This Club is subject to the provisions of the Privacy Act 1988 and is committed to safeguarding personal information provided by Members and Visitors. The personal information provided by you on this application will only be used to process your membership application. We will not disclose your personal information unless there is a threat to life, health or safety. You also have the right to access the personal information we hold about you. If you would not like your photos put on the club web page please advise committee. For further information please contact the Club Secretary.

PLEASE COMPLETE APPLICATION FORM AND RETURN TO A COMMITTEE MEMBER.

Payment must accompany application form.

Committee Use Only:

Approved by Committee: Y N Date: _____ Expiry Date: _____

Receipt Number: _____ Signature: _____

Details of Identification produced. (Please tick box) Committee member: _____

Drivers License Pension Card Proof of Age Other

** The person(s) joining must have identification showing their date of birth & address **

Date Rejoined _____ Receipt No _____ Date Rejoined _____ Receipt No _____

Date Rejoined _____ Receipt No _____ Date Rejoined _____ Receipt No _____