



SINGLE MEMBERSHIP

DANDENONG RANGES MUSIC COUNCIL INC
P O Box 430, Belgrave 3160

DANDENONG RANGES MUSIC COUNCIL INC.
Reg No A0009702L ABN 22 320 640 265

SINGLE MEMBERSHIP APPLICATION/RENEWAL 2010

NAME OF UNIT/GROUP _____

DATE _____ COST \$22.00
Inc. \$2.00 GST

SURNAME & TITLE _____

GIVEN NAMES _____

ADDRESS _____

_____ P/CODE _____

PHONE (HOME) _____ B/H _____

EMAIL _____

DATE OF BIRTH (IF UNDER 18) _____

SCHOOL _____ OR _____

OCCUPATION _____

INSTRUMENTS PLAYED _____

HIGHEST AMEB OR EQUIV. REACHED _____

OFFICE USE ONLY Date Payment Received.....

Cash Cheque Amount \$.....

Deposited and reported by: Unit Treasurer DRMC Treasurer

Signed:..... Membership No.....

Photographs or video of DRMC activities and events may be taken for DRMC promotional and archive purposes.

I authorize photographs and video in which I/we may appear, to be used for DRMC promotional and archive purposes.

Please do not use photographs or video in which I/we appear.

DECLARATION

I, _____ wish to apply for **Single Membership** to the Dandenong Ranges Music Council, and agree to be bound by the Constitution of the Council and/or such Rules and Regulations of the Council as may, from time to time, be laid down by the Board. I also understand and agree that, if my annual subscription remains unpaid after 28th February in any year, my membership, including the benefits and rights as a member, will lapse.

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT/GUARDIAN _____

FORM OF INDEMNITY

(To be signed by parent/guardian where applicant is under 18 years of age)

I, _____ (full name) hereby agree that while taking part in any rehearsal, training, performance or any activity as a member of the Dandenong Ranges Music Council Inc, he/she will be subject to the direction and control of the Board elected to manage the affairs of the Council or his/her nominee in charge of any activity, to consent, where it is impracticable to communicate with me, to my child/ward receiving such medical or surgical treatment as may be deemed necessary.

Furthermore, I agree to meet any hospital, medical or associated expenses that may be incurred on account of my child/ward and to meet any expenses incurred by the Council as a consequence of the injury or illness.

I also understand that the care and protection of his/her musical instrument(s) shall be his/her responsibility and shall not be the responsibility of the Council or its members.

SIGNED PARENT/GUARDIAN _____

DATE _____