

# Music Shoalhaven Membership Form

## Personal Details

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

## Membership Details

*Please choose your category:*

- Membership Only \$20
- Membership + Seasonal Ticket \$150

## Payment Details

*Please choose your payment method:*

- Cheque (payable to Music Shoalhaven, PO Box 343, Nowra 2541)
- Electronic Funds Transfer (Music Shoalhaven  
BSB: 802-124, Account: 20175) Please include your name.

PLEASE COMPLETE AND RETURN TO MUSIC SHOALHAVEN, PO BOX 343, NOWRA 2541