



Squawkestra Membership Form

Method of payment:

→ Direct deposit - *please make sure you put your name in the payment description:*

Account name: SQUAWKESTRA INC.

Bank: BENDIGO BANK

BSB: 633-000

ACCOUNT#: 131367583

Full Name:		
Address:		
Suburb:		Postcode:
Email:		
Mobile number:		
Home number:		
Instrument:		
Emergency contact:	Name: Phone number:	
Annual Membership Fee	Pro rata amount due for membership year 2009 - 2010:	\$
	<input type="checkbox"/> \$25.00 Friend of Squawkestra (non-playing)	
Membership agreement	I give permission for my photo/quotes to be used in Squawkestra promotional material (website, posters etc.). I understand that I must give written notice to end my membership (email preferred). I understand that all communication regarding Squawkestra is done via email and I am responsible for keeping up to date with email notifications. I agree to keep Squawkestra administrators up to date with my current contact information. Signed: Date:	

Admin Only

1st Rehearsal date:

Paid date:

Expires:

Receipt #:

Squawkestra

Incorporated Association #A0050458R

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