

THAMES CITIZENS' BAND (INC) MEMBERSHIP APPLICATION/DONATIONS

First Name(s)	Please TICK boxes only if YOU AGREE:		
Surname	<input type="checkbox"/> I am Male		
Postal Address	<input type="checkbox"/> I am Female		
City	Post Code	Please call me:	
Phone	Mobile	<input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Mrs	
Email	<input type="checkbox"/> Miss <input type="checkbox"/> Ms		
IMPORTANT MUSICAL INFORMATION:			
I can read music in:			
<input type="checkbox"/> Treble clef, <input type="checkbox"/> Bass clef,			
OR			
<input type="checkbox"/> I want to learn to read music			
<input type="checkbox"/> Do NOT send me emails.			
<input type="checkbox"/> I can play the following: OR <input type="checkbox"/> I want to learn to play the following: <input type="checkbox"/> Brass Instrument, <input type="checkbox"/> Woodwind Instrument, <input type="checkbox"/> Percussive Instrument.			
I wish to: <input type="checkbox"/> become a Member, <input type="checkbox"/> become an Associate Member (non-playing), <input type="checkbox"/> make a Donation. Total Amount: _____			
I wish to pay by: <input type="checkbox"/> Cash or Cheque (Total Amount enclosed), <input type="checkbox"/> Direct Credit into Bank A/C: Westpac Thames, 03-0458-0212451-00, <input type="checkbox"/> Credit Card (below)			
Type: _____, Name: _____, Exp: ____/____, Card N°: _____ - _____ - _____ - _____ / _____ (src)			
I Agree that the above is true and correct. I understand providing misleading information may result in my immediate dismissal from the Band/Membership.			
Signature: _____			Date: _____

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