



2017 Membership Renewal/Application Form

QOSA PO Box 1393 Oxley 4075 | ABN: 90 264 340 905

Please tick:

New Member Renewing Member

I would like to receive information on events being held in the following hubs:

Brisbane Sunshine Coast Far North Qld
 Darling Downs Gold Coast

I am interested in the following areas of music and movement education:

Early Childhood Tertiary Special Needs/Therapy
 Primary Instrumental Community Arts
 Secondary Vocal Other:

Please complete the relevant section below:

Section A - Individual Member: \$70.00

Name: _____

Phone (h): _____ Phone (w): _____ Phone (mb): _____

Email: _____

Address (for newsletter postage): _____

Suburb: _____ State: _____ Postcode: _____

Occupation: _____ School/Organisation: _____

Section B - Full-time Student Member (current full-time student ID required): \$35.00

Name: _____

Phone (h): _____ Phone (w): _____ Phone (mb): _____

Email: _____

Address (for newsletter postage): _____

Suburb: _____ State: _____ Postcode: _____

Tertiary Institution: _____ Course: _____ ID No: _____

Section C - Institutional Member

(allows 3 staff members at any one time to attend workshops and courses at member prices): **\$120.00**

Institution: _____ Contact name: _____

Phone (h): _____ Phone (w): _____ Phone (mb): _____

Email: _____

Address (for newsletter postage): _____

Suburb: _____ State: _____ Postcode: _____

Information provided is used only in connection with QOSA & ANCOS events and will remain confidential.

Payment options (please tick):

Cheque (enclosed)

Internet transfer

Payable to: Account Name: QOSA | BSB Number: 064121 | Account Number: 10026165

Reference: your surname & 'mship' | Date of transfer: __/__/__

Credit Card - Visa or MasterCard (please circle)

Card Number: _____

Expiry Date: _____ CCV number (last 3 digits on the back of the card) _____

Name on Card: _____ Signature: _____

Email of cardholder (for mailing of receipt): _____