2024 Membership Renewal/Application Form

Fill in this form to apply for/renew membership of QOSA for 2024.

The membership period is from 1/2/24 until 31/1/25.

Please note: Memberships are not refundable.

Information provided is used only for keeping you updated with QOSA & ANCOS events and will remain confidential.

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

dicates required question	
First name: *	
Last name: *	-
Best contact phone number *	
Workplace: *	
	Email * First name: * Last name: * Workplace: *

6.	I am renewing/applying for *
	Mark only one oval.
	\$60 Individual Membership
	\$30 Concessional (Full-time Student or Retired)
7.	If you are a Full-time student, please enter these details below: Tertiary Institution, Course and ID number.
Paya BSB Acco	ment: Please make payment concurrent with this application. able to: QOSA : 064121 bunt: 10026165 erence: Your Surname & "mship"
8.	Please enter date of Bank Transfer *
	Example: 7 January 2019
9.	I am interested in the following areas of music and movement education: *
	Tick all that apply.
	Early childhood
	Primary
	Secondary
	Tertiary
	Special Needs/Therapy
	Community Arts
	Instrumental
	Vocal
	Other:

10.	Previous Orff Experience *
	Tick all that apply.
	Workshops
	Levels Courses
	None
	Other:
11.	Are you able to assist QOSA with hosting events at your workplace? *
	Mark only one oval.
	Yes
	No
	Interested Would like more information please
Rece	ipt/Tax Invoice
A rece	eipt/tax invoice will be sent once payment is confirmed.
Keep	in touch
	se add gosanews@gmail.com and info@gosa.org.au to your address book/safe
	ers list to ensure you receive our emails. mark our webpage: <u>https://qosa.org.au/</u>
	w us on <u>Facebook</u>
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