

**TOSA – RENEWAL APPLICATION [ ] or NEW MEMBERSHIP [ ]**

Full Name –

Mr/Mrs/Miss/Ms/Dr.....

EXISTING MEMBERSHIP NUMBER ..... **OR** FULL DETAILS:-

Renewal Members please also give details of any changes to address, phone No:-

Address: .....

..... POST CODE: .....

Occupation/Previous Occupation.....

Phone No. .... Mobile.....

Email: .....

**Please email TOSA News: Yes [ ] No [ ]**

Pension No. (if applicable) .....

Name of Spouse if required: ..... Member Number .....

I/we hereby apply to become/remain a member/members of the Theatre Organ Society of Australia (NSW Division) Inc. In the event of admission, I/we agree to be bound by the rules of the Society for the time being in force.

Signature of applicant: ..... Date.....

Signature of applicant: ..... Date.....

**New Membership requires the following.....**

(If it is inconvenient for you to find members to Nominate or Second you, the committee will arrange this)

I ....., a member of the Society, nominate the applicant(s), for membership.

Signature of Proposer ..... Date: .....

I ..... a member of the Society, second the applicant(s), for membership.

Signature of Secunder ..... Date: .....

In what capacity (if any) could you help the Society ?.....

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**FEES : Full Membership for one person for the year July to June is \$30**

**Concession: Pensioner, Country, Interstate or Overseas full yearly membership is**

**AUD\$20 for one member.** ("Senior's Card" does not qualify for the concession membership.)

CONDITIONS: Membership allows discount concert tickets to be purchased for self and spouse, even if the spouse is not a member of TOSA.

Associate Membership for a spouse/partner of a full Membership is an additional 50% only of membership fee. This provides a husband/wife/partner with a membership card, and helps TOSA funds. Only one copy of TOSA NEWS is sent per household in this case.

After 1<sup>st</sup> April, the above rate takes a member right through until 30<sup>th</sup> June the following year.

**If you would like a copy of the 50<sup>th</sup> Anniversary Commemorative Program please add \$3 to the membership fee.**

I/We enclose Cheque/Money Order payable to "TOSA" AUD\$ ..... (sorry no credit cards accepted)

**SEND TO: TOSA MEMBERSHIP SECRETARY  
PO Box 2583  
TAREN POINT, NSW 2229**

**Phone enquiries  
(02) 9524 7203**