

New Membership Application Form 2026/27

The Theatre Organ Society of Australia (TOSA) NSW Divn. Inc provides concerts to a high standard on our two wonderful Wurlitzer Theatre Organs (Unit Orchestras) and our Christie Cinema Organ. Membership gives you significant savings as well as receiving regular copies of TOSA News. As a member you support this art form and enjoy unique musical experiences.

Your new membership card(s) will be posted following receipt of your membership application.

If you elect to receive TOSA News by mail your membership card will be included with the magazine.

Full Name(s) –
Mr/Mrs/Miss/Ms/Dr _____

Address: _____
_____ POST CODE: _____

Occupation/Previous Occupation: _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile: _____

Age range - please circle: Under 20; 20-30; 31-40; 41-50; 51-60; 61-70; over 70 or DOB ____ / ____ / ____

TOSA News preference: Mail (default) Email (optional) Note: If selecting Email, you must include your email address below.

Email Address:@.....PTO.]]

Name of Spouse/Partner if required: _____

Associate Membership for a spouse/partner of a full Membership is additional 50% of membership fee.

TOSA Joining Fees 2024-25		✓			✓
Full Member	\$50		+ Full Spouse	\$25	
Concession	\$40		+ Concession Spouse	\$20	
Student	\$10		+ Donation		
Overseas & Interstate	\$50		Total:	\$	

I/we hereby apply to become 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: ____ / ____ / ____

In what capacity could you help the Society? _____

_____ #

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 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. #

Paying by credit card or direct deposit to the bank. We will require your Form **fully completed** and including:

Credit Card Number : _____ Visa / Mastercard / Amex

Name as appears on Credit Card: _____

Expiry date shown on Credit Card: ____ / ____ Signature: _____ CVV: _____

PTO....

or

To Deposit direct to our Bank account - Bank is St. George Bank
Branch: Kogarah
BSB: 112-879
Acc. No.: 442 088 530
Details to show Member's initials and surname as well as on this form

**PLEASE SEND TO: TOSA MEMBERSHIP
PO Box 589
RICHMOND NSW 2753**

Or Email to: membership@tosa.net.au

Membership Ph.: 0417971212 (Margaret)

Alternatively: Scan the QR Code at the bottom of the page to pay securely through Square. Use ID# 9999.

In the case of an Associate Spouse having a separate email address and **Email** selected for TOSA News, a copy will be sent to both email addresses.

¶ Provision of an email address allows us to send you articles, news, renewals and items of interest not available in, or earlier than available in the print magazine.

If insufficient space, please add information below.



Scan this QR code to pay securely.