



The Regals Musical Society Inc. MEMBERSHIP FORM

P O BOX 191, KOGARAH NSW 1485 * <http://www.theregals.com.au>

NAME:

ADDRESS: **POSTCODE:**

CONTACT NO.: **MOBILE:** **HOME:**

DATE OF BIRTH: **AGE:** *[If Under 15 Years]*

E-MAIL:

I hereby apply to become a member of The Regals Musical Society, Inc., and in the event of admission as a Member, agree to be bound by the Rules of the Society.

- Full Member \$40 per annum
- Student Member \$30 per annum
- Social Member \$20 per annum *[includes children under 15 in the show]*

PAYMENT OPTIONS:

CASH:	\$	
CHEQUE:	\$ made payable to "The Regals Musical Society Inc."	
DIRECT DEPOSIT: <i>[Preferred]</i>	ACCOUNT NAME:	The Regals Musical Society Inc.
	BSB:	112-879
	ACCOUNT NUMBER:	041 208 924
	REFERENCE / DESCRIPTION:	Your Name-Mbship

SIGNATURE: **DATE:**

The Secretary (secretary@theregals.com.au) should be advised of any changes to your address in the future so that you may continue to receive your Regals Rag and other correspondence.

Please provide this completed form to a member of the Regals' Committee or Production Team, so that they can sign the nomination below.



I, _____, a member of the Society, nominate the applicant for membership of The Regals Musical Society, Inc.

SIGNATURE: **DATE:**