

APPLICATION FOR ASSOCIATE MEMBERSHIP

I support the mission and purposes of the FOUNDATION FOR CONTEMPORARY MUSIC & CULTURE (FCMC) and I wish to become an associative member. In the event of my admission, I agree to be bound by the Rules of the Association for the time being in force.

FULL NAME:

RESIDENTIAL ADDRESS:

MAILING ADDRESS:

PHONE: Mobile: _____ Landline: _____

EMAIL: _____ Over 18? Yes No

SIGNED: _____ DATE: _____

Application for associative membership with FCMC (Inc. # A0054414Z) is subject to approval by the Board upon payment of membership fee.

membership fees:

- \$30.00 (Annual Associative Membership Fee – current from 01 July to 30 June or part there of)
- I would like to contribute an additional tax deductible donation of \$ _____ to FCMC.

Fees payable to:

NAME: Foundation for Contemporary Music & Culture Inc.
BSB: 033 067
ACCOUNT: 249 469

Will you require a receipt? Yes No

How did you find out about the FCMC?:

Office use only:
Received:

Member #:
Accepted:

Received:

Entered on register: