SOUTH COAST COUNTRY MUSIC ASSOCIATION INC.

APPLICATION FOR MEMBERSHIP

SCCMA P.O. BOX 5064 WOLLONGONG 2500 - Telephone (02) 4272 1029
Web Site – http://www.sccma.asn.au e-mail – secretary@sccma.asn.au

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Tick appropriate box

	FAMILY MEMBERSHIP	$15.00
	SINGLE MEMBERSHIP	$10.00
	ASSOCIATE MEMBERSHIP	$ 5.00
	TOTAL AMMOUNT DUE	

APPLICANT/S DETAILS

SURNAME	GIVEN NAMES	BIRTH DATE

POSTAL ADDRESS/PHONE DETAILS

No.	STREET	SUBURB	P/CODE

PHONE	Home		Mob.	

Name and age of applicants children under the age of 16 yrs.

GIVEN NAMES	AGE	BIRTH DATE

I/We hereby apply for membership of the South Coast Country Music Association. In the event of my/our admission as a member/s, I/we agree to be bound by the rules of the association for the time being in force.

SIGNATURE OF APPLICANT	DATE

I having been a financial member of the association for the past six months nominate the aforesaid applicant, who is personally known to me, for membership of the association.

SIGNATURE OF PROPOSER	DATE

I having been a financial member of the association for the past six months second the nomination of the aforesaid applicant, who is personally known to me, for membership of the association.

SIGNATURE OF SECONDER	DATE