2026 Kapunda Musical Society Inc

PLEASE COMPLETE THIS FORM AND RETURN TO THE KMS COMMITTEE
Please Note: This form must be returned with payment to ensure you receive the full benefit of the Membership
(Membership becomes due and payable January 1st every year)

First Name: _____ **Last Name:** _____

Date of Birth: _____ Phone (Home): _____Phone (Mobile):_____

Email Address: _____

Address:_____

_____ Suburb: _____ Post Code: _____

Type of Membership:

☐ Adult Membership $60
☐ Junior Membership $35
☐ Family Membership $130 + $ ____ = $_____ total
(2 Adults & 2 Junior = $130 + extra child = $10ea) Including:

Name: ..... D.O.B.: _ _ / _ _ / _ _ _ _	Name: ..... D.O.B.: _ _ / _ _ / _ _ _ _
Name: ..... D.O.B.: _ _ / _ _ / _ _ _ _	Name: ..... D.O.B.: _ _ / _ _ / _ _ _ _
Name: ..... D.O.B.: _ _ / _ _ / _ _ _ _	Name: ..... D.O.B.: _ _ / _ _ / _ _ _ _

☐ Life Membership
(Life members please ensure you submit a form so we can keep your details up to date)

☐ Donation $_____
(All donations are thankfully received)

Photos of the above member/s may be used in advertising, or for promotional purposes unless otherwise specified in writing. (This include newspapers, social media, website, posters, etc).

☐ **Cash** Date _____

☐ **Cheque**
Payable to: **Kapunda Musical Society Inc.**
Post to: PO Box 252, KAPUNDA SA 5373

New Account Details

☐ **Electronic Funds Transfer (Beyond Bank)**
Date of Transfer: _____

***BSB**	325 185
***Account No.**	0415 8054
***Account Name**	Kapunda Musical Society Inc.
***Reference**	"Your Name"

*Mandatory entries – identifies your membership in the account

Method of Payment: *Regardless of the method of payment, please ensure that this form reaches the Kapunda Musical Society. This is to ensure accurate record keeping and to comply with our obligations under our insurance policy.*