



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 annually)

First Name: _____ Last Name: _____

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

Email Address: _____

Address: _____

Suburb: _____ Post Code: _____

Type of Membership:

- Adult Membership \$50
Junior Membership \$30
Family Membership \$100 + \$ ____ = \$ ____ total
Including:

Name: D.O.B.: __/__/____
Name: D.O.B.: __/__/____
Name: D.O.B.: __/__/____

- GOLD MEMBERSHIP (single) \$80
Life Membership
Donation \$ ____

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

Electronic Funds Transfer (Bank SA)

Date of Transfer: _____
*BSB 105 006
*Account No. 06 252 4840
*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.