



Willoughby Band

## APPLICATION FOR MEMBERSHIP

SURNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_  
GIVEN NAMES: \_\_\_\_\_ MALE / FEMALE  
ADDRESS : \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
e-mail: \_\_\_\_\_

**MEDICAL HISTORY** – Specify any medical condition that the Committee should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

INSTRUMENT: \_\_\_\_\_  OWN  WB HIRE

**I have read the Information Sheet and agree to pay the fees when due and abide by the commitments.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### IF APPLICANT IS UNDER 18 YEARS – PARENT TO COMPLETE

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER'S E-MAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S E-MAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**HELP REQUIRED** The Band has a very active parents group and may require you to assist at various functions while your child is performing. If you feel you would like to assist in the musical education of your child please tick a box.

TRANSPORT INSTRUMENTS  ASSIST AT CONCERTS  COMMITTEE POSITION

### MUSICAL DIRECTOR'S REPORT

AMEB GRADE: \_\_\_\_\_

3 WEEK PROBATION PERIOD

DATE : \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

AUDITION: DATE: \_\_\_/\_\_\_/\_\_\_

RECOMMENDATION : \_\_\_\_\_

SIGNATURE OF MD: \_\_\_\_\_

**SECRETARY**

SUBMITTED TO COMMITTEE FOR ADMISSION AS MEMBER

DATE: \_\_\_\_\_

NOMINATED AND ADMITTED

MEMBERSHIP NO: \_\_\_\_\_

PERSONAL INFORMATION RECORDED IN DATABASE

DATE: \_\_\_\_\_

MEMBER TO SIGN NSWBA COUPON

DATE: \_\_\_\_\_

COUPON SENT TO NSWBA

DATE: \_\_\_\_\_

**INSTRUMENT CUSTODIAN**

INSTRUMENT ALLOCATION

WB TAG NO: \_\_\_\_\_  WB HIRE OWN

INSTRUMENT: \_\_\_\_\_ MAKE: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_ MOUTHPIECE: \_\_\_\_\_ LYRE: Y / N

STARTER KIT: VALVE OIL – MOUTHPIECE BRUSH – INSTRUMENT MAINTENANCE SHEET

CONDITION OF INSTRUMENT: (NOTE ANY IMPERFECTIONS) \_\_\_\_\_

SIGNATURE OF MEMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

RECORDED IN DATABASE BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**TREASURER**

MEMBER ADDED TO DATABASE

DATE: \_\_\_\_\_

TAX INVOICE RAISED:

DATE: \_\_\_\_\_

PAYMENT RECEIVED:

DATE: \_\_\_\_\_

SIGNED OFF BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**WEBMASTER**

MEMBERS EMAIL ADDED TO DATABASE

DATE: \_\_\_\_\_

MEMBER ADDED TO PLAYERS LIST ON WEBPAGE

DATE: \_\_\_\_\_

SIGNED OFF BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**RETURN FORM TO SECRETARY FOR FILING**

RECEIVED AND FILED BY: \_\_\_\_\_

DATE: \_\_\_\_\_