



Toowoomba Philharmonic Society Inc.

MEMBERSHIP RENEWAL 2016

SURNAME:

FIRST NAME:

ADDRESS:

..... **P/CODE**

PHONE (H) **MOBILE**

EMAIL

EMERGENCY CONTACT

NAME **PHONE**

FEES ADULT \$80
 VOICES (under 18) \$60

I am a LIFE MEMBER YES NO

Please place FEE in the envelope provided and return to the Secretary when the choirs resume in February.

I hereby give permission for the Society to utilise my photo for any present or future advertising/publicity purposes, including on the Society's website. YES NO

Signed: Date:

Permission is required from a Parent or Guardian for a member under 18.
I hereby give my consent for to participate in the Philharmonic Voices at the Philharmonic Society's Matthews Street premises.
Parent/Guardian Name
Parent Guardian Signature

Office Use Only:

Rec'd: Chq / Cash / Card Receipt No

Signed Date



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