



APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Liverpool Performing Arts Ensemble Incorporated
(Incorporated under the Associations Incorporation Act 1984)

I, _____
(Full Name of Applicant)

OF, _____
(Full Address)

Hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

(Signature of Applicant) (Date)

(E-mail Address)

MEMBERSHIP

- o \$ 20.00 – Annual Membership

PAYMENT

- o Direct Deposit: Account Number: 259 122 584 BSB: 012 272
Subject: (your name) Membership Rcpt #: _____
- o Cheque/Money Order: Liverpool Performing Arts Ensemble Inc.
ATT: The Secretary
PO Box 4698, CASULA MALL, NSW 2170

Membership Forms can be mailed to the above address or brought to auditions/rehearsals

PLEASE NOTE: The information supplied on this document is kept strictly confidential.