



## MEMBERSHIP FORM - CAIRNS CONCERT ORCHESTRA

APPLICATION FOR MEMBERSHIP/RENEWAL OF EXISTING MEMBERSHIP

### Personal Details

<b>Full Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Instrument/s:</b>	

### Membership type – Application or Renewal

Please tick one of the boxes below:

- I am an existing member                       I am a new member

### Acknowledgement

I hereby apply to join/renew my membership with the Cairns Concert Orchestra Inc. I have received a copy of the rules and privacy statement of the association and agree to be bound by them.

### Media Release Consent

I give permission for Cairns Concert Orchestra to use my photograph/name or recording in advertising or promotional material for use in newspaper, website or social media sites.

I DO NOT give permission for Cairns Concert Orchestra to use my photograph/name or recording in advertising or promotional material for use in newspaper, website or social media sites.

<b>Signed:</b>	
<b>Print Name:</b>	
<b>Date:</b>	