

## MEMBERSHIP APPLICATION/RENEWAL FORM

## **PLEASE PRINT CLEARLY**

Date  Are you a: New Member Renewing Member
NameEmail
Phone (Landline) ( )
Address
Suburb
(Optional) Please send my magazine by post
Are you a Musician? If so, please list your band(s), website(s), Facebook page(s) below  Band Name  Band Website  Band Facebook Page
How did you hear about us?
Are you joining as a Volunteer?
CHOOSE YOUR MEMBERSHIP OPTION  Member
Card Number:  Expiry Date:  Card Holder Signature:  Cheques should be made payable to: The Australian Jazz Museum

Australian Jazz Museum P.O. Box 6007 Wantirna Mall, VIC 3152, Australia Or: send scanned form to info@ajm.org.au

email: <a href="mailto:memberships@ajm.org.au">memberships@ajm.org.au</a>