



**THE MUSICIANS' UNION OF AUSTRALIA
ADELAIDE BRANCH**

THE MUSICIANS' UNION OF AUSTRALIA - ADELAIDE BRANCH

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MEMBERSHIP APPLICATION FORM

I hereby make application to become a member of The Musicians' Union of Australia. If admitted, I undertake to comply with the Rules, By-Laws and Constitution of the organisation whether now in force or hereafter enacted

NAME IN FULL (block letters) _____

ADDRESS _____

POSTCODE _____

TELEPHONE (H) _____ (W) _____

(M) _____ EMAIL _____

DATE OF BIRTH _____

SIGNATURE OF APPLICANT _____

INSTRUMENT(S) _____

ADMITTED AS A MEMBER OF ADELAIDE BRANCH ON _____

SIGNATURE OF SECRETARY _____

IF FROM OVERSEAS DATE OF ARRIVAL IN AUSTRALIA _____

HAVE YOU PREVIOUSLY BEEN A MEMBER OF THIS UNION? _____

IF SO WHICH BRANCH AND REASON FOR TERMINATION OF MEMBERSHIP? _____

DATE OF TERMINATION OF MEMBERSHIP _____

Note: Resignation from the Union must be made by notice in writing and member must be in good standing at time of resignation.