

**PLEASE COMPLETE IN DUPLICATE:**

NAME: .....

**THE MUSICIANS' UNION OF AUSTRALIA**

10 Black Street, Mont Albert, VIC 3157 Terry Noone, Federal Secretary

**MEMBERSHIP 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 .....

Telephone 1 .....Telephone 2..... Email .....

If from overseas, date of arrival in Australia .....

SIGNATURE OF APPLICANT..... INSTRUMENT.....

ADMITTED AS A MEMBER OF ..... BRANCH ON (date) .....

SIGNATURE OF SECRETARY .....

Have you previously been a member of this Union ?  YES  NO

If so, which Branch and reason for termination of membership? .....

.....Date of termination of membership.....

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*(DUPLICATE COPY)*

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