



MOUNTAIN DISTRICT MUSICAL SOCIETY

MEMBERSHIP APPLICATION FORM

Surname				Given Names				
Address								
Suburb				State			Postcode	
Phone (H)			Phone (W)			Mobile		
							fax	
Email				Voice type (S/A/T/B)			Range	
Interests /Reasons for Joining								

DECLARATION

I hereby apply for membership of the Mountain District Musical Society. I agree to abide by the constitution of the society and its rules and regulations

Signed.....Date.....
 (To be countersigned by parent /guardian if under 18 years of age)

Signed.....Date.....

PROXY FORM

Ibeing a financial member of MDMS hereby nominate
(financial member) to vote on my behalf at the Annual General Meeting of Mountain
 District Musical Society on Wednesday 24th August, 2016.

Signature

Name (Please print)

COMMITTEE NOMINATION

(All signatories must be current financial members)

POSITION _____ DATE _____

NOMINEE _____ SIGNATURE _____

NOMINATOR _____ SIGNATURE _____

SECONDER _____ SIGNATURE _____