



South Coast Country Music Association Inc.

APPLICATION FOR MEMBERSHIP

Address : PO BOX 2074 Wollongong 2500

Email : Secretary@sccma.com.au

Website : www.sccma.com.au

MEMBER DETAILS

Enter Month Only

Family Name		Given Name		Birthday	Anniversary
No.	Street		Suburb		Post Code
Phone No.					
Email Address					

NOTE: You will receive your newsletter by the email address listed above.

Children under the age of 16years

Given Names	Birthday Month	Age

I/We hereby apply for membership of the South Coast Country Music Association. In the event of my/our admission as members, I/we agree to be bound by all the rules of the association.

APPLICANT SIGNATURE	DATE

I, having been a financial member of the Association for the last 6 months, nominate the aforesaid applicant, who is personally known to me, for membership of the Association.

SIGNATURE OF THE PROPOSER	DATE

I, having been a financial member of the Association for the last 6 months, nominate the aforesaid applicant, who is personally known to me, for membership of the Association.

SIGNATURE OF THE SECONDER	DATE

The Association takes photos and video at it's events for use of advertising and the interest of members. Footage can be displayed on the Association website, social media, newsletter, and advertising for our shows. I/We agree to this for the purposes as listed above. I/We acknowledge that I will not receive any compensation for images taken and that the intellectual property rights remain with the SCCMA.

Fees: Adults/Children over 16 years : \$10.00 each. Children under 16 years of age : Free

IMPORTANT - DO NOT PAY YOUR MEMBERSHIP FEES UNTIL YOU HAVE RECEIVED NOTIFICATION THAT YOUR APPLICATION HAS BEEN APPROVED. YOU WILL RECEIVED NOTIFICATION IN THE MAIL WITH ACCOUNT DETAILS FOR PAYMENTS ONCE APPROVED.