



South Coast Country Music Association Inc.
MEMBERSHIP Application/Renewal

Address : PO BOX 2074 Wollongong 2500
Email : Secretary@sccma.com.au
Website : www.sccma.com.au

MEMBER DETAILS

Family Name		Given Name		Birth Month
No.	Street	Suburb	Post Code	
Phone No.				
Email Address				

IMPORTANT: Email is the primary method of communication so please ensure your email address is correct and inform us if it changes. Your monthly newsletters and general correspondence will be via this email address.

Children under the age of 16years

Given Names	Birth Month	Age

New Membership Statement:

By signing this application, 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.

Membership Renewal Statement:

By signing this application, I/we acknowledge that I/we have read and understood the rules and bylaws of the association and agree to be bound by them.

	SIGNATURE/s	DATE
New Applicant: <input type="checkbox"/>		
Membership Renewal: <input type="checkbox"/>		

Fees: Adults/Children over 16 years : \$15.00 each. Children under 16 years of age : Free

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 PAID Yes <input type="checkbox"/> No <input type="checkbox"/>	Treasurer Signature
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