# Waikanae Music Society Inc

## 2024 MEMBERSHIP APPLICATION

By completing this application, you consent to becoming a member of the Society.

**Post this form to** Waikanae Music Society, PO Box 84, Waikanae 5250

**Or email** the information to membership@waikanaemusic.org.nz.

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***We will email newsletters if possible. To have them posted, tick here*** |  |  |
| **Choose one of the following:**  | **Number**  | **Price**  | **Total** |
| Membership subscription  |  | $35 |  |
| Season ticket  |  | $200 |  |
| Optional donation to The WMS Charitable Trust for Young Musicians (receipts issued over $5) |  |
| **TOTAL $** |  |

A season ticket includes a membership of the Society and admits the member to 8 concerts. If we must cancel any concert, the unused value will be credited to your season ticket for 2024.

Tick method of payment:

* Internet banking to 02 0591 0018930 00.
Put your name in the Reference field so we know who has paid.
* Credit card (Visa or Mastercard only)

Print name on card:

Card number:

Expiry date: \_\_\_\_/\_\_\_\_ Signature: