

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: _____

Telephone: _____

Email: _____

We will email newsletters if possible. To have them posted, tick here

Choose one of the following:

	Number	Price	Total
Membership subscription	<input type="text"/>	\$35	<input type="text"/>
Season ticket	<input type="text"/>	\$200	<input type="text"/>
Optional donation to The WMS Charitable Trust for Young Musicians (receipts issued over \$5)			<input type="text"/>
		TOTAL \$	<input type="text"/>

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: _____