



PHILHARMONIC
SOUTH WEST
ORCHESTRA

P.O. Box 111
Bunbury WA 6231
psw.orchestra@gmail.com
ABN: 45 836 924 276

APPLICATION FOR YOUTH MEMBERSHIP (under 18 years)

Membership fees apply

APPLICANT

Name:

Address:

Phone: Mobile:

Email:

Music: Please list your instruments and the level of proficiency and previous experience (e.g. AMEB grade? Performances?)

.....

.....

Date Of Birth: Age:(next birthday)

Signature:

PARENT / GUARDIAN AGREEMENT

Guardian's Name: Relationship:

Guardian's Phone: Mobile:

Guardian's Email:

Guardian, do you give permission that photos taken of the orchestra for publicity and publications may include images of your child? ..(please circle your response) **YES / NO**

***Applicants will be advised of the outcome of their application in writing.
NOTE: Fees are due before attendance at rehearsals for insurance purposes***

Orchestra Administration Only

Proposed by: (name) (signature)

Seconded by: (name) (signature)

Date received: Date accepted: