



# Australian Pipe Band Association Inc

## Application for Membership/Registration

### Applicant details

Family Name			
Given Names			
Preferred Name			
Previous Family Name (if applicable)			
Date of Birth			
Address line 1			
Address line 2			
City/Town/Suburb			
State		Postcode	
Phone			
Mobile			
E-mail			

The Association will use and retain the information on this sheet for its proper purposes only and will not release, permit access to or publish it or any part of it other than the name without the consent of the member to whom it relates or that member's attorney or guardian, or, if the member is not of full legal age, a parent or guardian of that member.

### MEMBERSHIP

I, the applicant detailed above, hereby apply for membership of the **Australian Pipe Band Association Inc**. I agree, if admitted to membership, to uphold the Statement of Purposes, and to be bound by the Rules of the Association from time to time in force.

I consent to the Association using any images it may have or obtain in which I appear for its purposes provided that there is no identification of me without my permission,

Date	Signature (if <18, countersigned by parent/guardian) <b>X</b>
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### REGISTRATION

I, the Secretary of the Band specified below, hereby request that the applicant be registered as a player in the specified Band.

Band		
Instrument	Solo Grade (if known)	
Date	Band Secretary (print)	Signature <b>X</b>

**Please forward this application, with the appropriate fee, to the APBA Registrar.**

R Riley 13 San Sebastian Blvd, Port Kennedy W A 6172  
Ph 08 9594 0629 Fax 08 9594 0345 Email: registrar@pipebands.asn.au

### Office Use

Received	Recorded	Payment Details	Amount