



Pipe Bands Australia 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	Postcode	State	
Telephone			
Mobile Phone			
E-mail			
<small>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.</small>			

MEMBERSHIP

I, the applicant detailed above, hereby apply for membership of **Pipe Bands Australia Inc**. I agree, if admitted to membership, to support its 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.

I appoint the address of the Secretary for the time being of the Band of which I am a registered member as my address for service of notices from the association.

If you are at any time not registered with a Band or if you wish to receive notices directly you may so advise the Registrar.

Date	Signature of applicant		
If the applicant is not of full legal capacity (whether by age or another reason) this form must be signed also by a Parent or Legal Guardian duly authorised: I confirm my approval of this application and undertake that the applicant's obligations will be observed.			
Signature	Parent*	Guardian*	Please indicate which applies.

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
Date	Band Secretary (print)	Signature

Please forward this application, with the appropriate fee, to the Registrar, Pipe Bands Australia.

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	Payment	Amount