

Sound Preservation Association of Tasmania (Inc.) & Sound Museum Bellerive

APPLICATION FOR MEMBERSHIP / RENEWAL

SURNAME: (Block Letters).....

FIRST NAME(S):.....

HOME ADDRESS:
.....

..... POST CODE:.....

POSTAL ADDRESS:

.....POST CODE:

PHONE: (Home) (.....)..... (Business) (.....).....

Mobile:.....**Email**.....

ANNUAL SUBSCRIPTION: (Please tick whichever applies)

SINGLE: \$ 30.00

FAMILY: \$ 40.00

Payment By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Eftpos
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Bank Acct: BSB: 633 000 Acct #: 121772156 EFTPOS Available in the Museum

Please indicate if you can help out in any of the following areas:-

Computer, incl. Web, Facebook

Cataloguing

Museum & Collection Maintenance

Fundraising

Or if there are any other ways in which you may be able to help, please indicate (no matter how small you think your help may be):

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Please return this application form and subscription to:

Hon Secretary, 19 Cambridge Road, Bellerive, Tas 7018 Phone: (03) 6135 4814