



Goulburn
Regional
Conservatorium Inc.

**APPLICATION FOR MEMBERSHIP
OF THE ASSOCIATION OF
THE GOULBURN REGIONAL CONSERVATORIUM INC. (GRC)**

The Secretary

Please accept this application for membership of the Association as follows:

(Please tick as appropriate)

Ordinary Member	<input type="checkbox"/>	\$40pa	Associate Member	<input type="checkbox"/>	\$20pa
Membership Year	(calendar year)				

Personal details:

Full Name of Applicant	
Address	
Telephone	
email	
Date	

(please tick) I am a natural person over the age of 18; and consent to become a member of the Association

(please tick) I understand my membership will not be valid until accepted by the Board and the relevant subscription is paid

Signature of applicant

Office use only

Membership details checked: Yes/No

Membership Subscription received: Yes/No

Date:

Signed