

# MOUNTAINS YOUTH BAND

## Application for Membership

Please **print** the following information:

Applicant's name: \_\_\_\_\_  
(Family Name) (Given Names)

Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ NSW \_\_\_\_\_

Home phone: (02) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_  
(Mother) (Father)

School: \_\_\_\_\_ Current School Year: \_\_\_\_\_

Main Concert Band Instrument: \_\_\_\_\_

Additional Instruments: \_\_\_\_\_

Current Instrumental Teacher: (Mr/Mrs/Ms) \_\_\_\_\_

Instrumental Teacher Phone Number: (02) \_\_\_\_\_

Number of years/months learning main instrument: \_\_\_\_\_  
(Years) (Months)

Formal qualifications awarded: AMEB \_\_\_\_\_ Trinity \_\_\_\_\_ Suzuki \_\_\_\_\_

Other instrumental experience (performances, ensembles, bands, eisteddfods, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature) (Parent/Guardian Signature) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

OFFICE USE ONLY

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Copy to Band Secretary  
Copy to Conductor  
Copy to Attendance Register  
Copy to Fees Register