

# Join ABODA

Just complete the following form/tax invoice  
All fields marked with a \* are compulsory

Surname\* .....  
First Name\* .....  
Title\* Mr Mrs Ms Dr Professor  
Street\* .....  
Suburb\* .....Postcode\* .....  
State\* Victoria Tasmania

Home Telephone\* .....  
Mobile Telephone\* .....  
Email Address\* .....  
(Please state an email address that is accessible during school holidays)

School/Organisation .....  
Ensembles .....  
I wish to apply for:  
Full Membership \$75 Student Membership \$30

Student Info:  
Name of Educational Institution: .....  
Course .....  
Student Number .....

**Payment - TAX INVOICE**  
**ABODA - Victoria**  
**PO Box 132, Surrey Hills 3127**  
**ABN 15 044 252 476**

Cheques made out to “**ABODA Victoria**”  
**OR**

Please circle:  
VISA MASTERCARD BANKCARD

Name on Card .....  
Card Number .....  
Expiry Date .....  
Signature .....

Membership Enquiries:  
Email: [membership.vic@aboda.org.au](mailto:membership.vic@aboda.org.au)

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