



**MEMBERSHIP 2018**

DANDENONG RANGES MUSIC COUNCIL INC  
1451 Burwood Hwy, Upwey 3158  
P O Box 430, Belgrave 3160

**APPLICATION TYPE:**  RENEWAL  NEW

**MEMBERSHIP TYPE:**  SINGLE \$40  FAMILY \$60

**NAME OF ENSEMBLE** \_\_\_\_\_

Family m/ship – list all ensembles

**SURNAME** \_\_\_\_\_

**GIVEN NAME** \_\_\_\_\_

Family m/ship – list all names

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **P/CODE** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

Please print

**INSTRUMENT/S PLAYED** \_\_\_\_\_

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**PAYMENT**  via Treasurer  DRMC Cheque  DRMC DD

Please pay via your ensemble treasurer or post to **DRMC P.O. Box 430 Belgrave 3160**

Cheques made payable to: **Dandenong Ranges Music Council Inc**

Or by Direct Deposit: Bendigo Bank Account – Upwey  
The Dandenong Ranges Music Council Inc  
BSB: 633 000 Account No: 109987008  
**Reference: Mem/your surname**

**DANDENONG RANGES MUSIC COUNCIL INC.**

Reg No A0009702L

ABN 22 320 640 265

Photographs or video of DRMC activities and events may be taken for DRMC promotional and archive purposes.

I authorize photographs and video in which I/we may appear, to be used for DRMC promotional and archive purposes.

Please do not use photographs or video in which I/we appear.

**DECLARATION**

I \_\_\_\_\_ wish to apply for **Membership** to the Dandenong Ranges Music Council, and agree to be bound by the Constitution of the Council and/or such Rules and Regulations of the Council as may, from time to time, be laid down by the Board. I also understand and agree that, if my annual subscription remains unpaid after 28<sup>th</sup> February in any year, my membership, including the benefits and rights as a member, will lapse.

**SIGNATURE OF APPLICANT OR PARENT/GUARDIAN IF UNDER 18**

\_\_\_\_\_ **DATE**

**FORM OF INDEMNITY** For Applicants under 18

I, \_\_\_\_\_ (full name) hereby agree that while taking part in any rehearsal, training, performance or any activity as a member of the Dandenong Ranges Music Council Inc, he/she will be subject to the direction and control of the Board elected to manage the affairs of the Council or his/her nominee in charge of any activity, to consent, where it is impracticable to communicate with me, to my child/ward receiving such medical or surgical treatment as may be deemed necessary.

Furthermore, I agree to meet any hospital, medical or associated expenses that may be incurred on account of my child/ward and to meet any expenses incurred by the Council as a consequence of the injury or illness.

I also understand that the care and protection of his/her musical instrument(s) shall be his/her responsibility and shall not be the responsibility of the Council or its members.

**SIGNATURE PARENT/GUARDIAN** \_\_\_\_\_