

Sound Preservation Association of Tasmania (Inc.)

APPLICATION FOR MEMBERSHIP

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: \$ 25.00

FAMILY: \$ 35.00

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

Computer (including Web, Facebook)

Cataloguing

Museum and collection maintenance

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 to –

Hon Secretary, 19 Cambridge Road, Bellerive TAS 7018

Phone: (03) 6135 4814

Nominated by:

.....S.P.A.T. Officer.....Date.....