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QUEENSLAND SERVICES HERITAGE BAND ASSOCIATION INC.

Membership Application

Name		
Address		
Phone home/ mobile	Home	Mob
email		
Date of Birth		
Instrument		
Playing experience (years)		

I in applying for membership QSHBA, as a playing member of the QMIHTB/QSB, I agree to follow the directions of my Band leader(s) at Band rehearsals and performances. I will maintain my instrument, music and uniform in a satisfactory condition at all times. I acknowledge that as member of QSHBA, I am a member of a team and will conduct myself in a manner, which includes a commitment to home practice, which is supportive of my team. I also acknowledge that as QSHBA is a member of the Queensland Band Association, this application may give automatic membership of the QBA. I do / do not wish to be registered with the QBA as a member of QSHBA. I do / do not give my consent for appropriate photographs of participation in QSHBA activities to be used for the purpose of promoting QSHBA.

Signed - Applicant / /

For applicants under the age of 18 years –	
I	Parent/career of the above, support and give consent to this application and the above.
Signed - Parent	/ /

Shirt Size..... Membership fee received / /