



Membership Application Form

Name: _____

Postal address: _____

Phone no: _____

Email address: _____

Please print (lower case)

Single membership is \$10.00 per annum

Group membership is \$25.00 per annum

Do you need a receipt: Yes

No

Do you want communication by: Email

Post

Please send completed form and payment to: SoundFish
PO Box 313
Picton 7250

Or a Direct Credit can be made to Account : 02 0600 0057481 00
(Please put your Surname or Group Name as the Reference so we can match
your payment to your form).