



MEMBERSHIP APPLICATION

Parents/Guardians become Associate Members of the Association, may hold office, vote in elections and attend Association activities

Suzuki Music SA
PO Box 378
Mitcham Shopping Centre
TORRENS PARK SA 5062
www.suzukimusic.org.au
phone 8277 2766

Parent/Guardian Surname _____ Given Names _____

Address _____

Postcode _____ Home phone _____ Mobile phone _____

Email _____ Signature _____ Suzuki Member ID _____

Suzuki family membership – 1/1/10 to 31/12/10 \$80.00

Edmund Sprunger’s book “Helping Parents Practice” \$32.50

Sheila Warby’s book “With Love in my Heart and a Twinkle in my Ear” \$32.50

Total _____

Cheque Master Card Visa Money Order

Card number _____ Expiry date ____ / ____

Name _____ Signature _____

Student 1

Surname _____ Given Names _____

Date of Birth _____ Instrument _____ Teacher _____

Instrument _____ Teacher _____

Student 2

Surname _____ Given Names _____

Date of Birth _____ Instrument _____ Teacher _____

Instrument _____ Teacher _____

Student 3

Surname _____ Given Names _____

Date of Birth _____ Instrument _____ Teacher _____

Instrument _____ Teacher _____

Student 4

Surname _____ Given Names _____

Date of Birth _____ Instrument _____ Teacher _____

Instrument _____ Teacher _____

I do not give permission for my child/rens photo to be used for Suzuki publicity purposes

I would like to volunteer to help at Suzuki events in 2010