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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)		
ID document e.g. Driver's Licence		
How did you become aware of our organization?		

I ..... in applying for membership QSHBA, as a playing member of the QSB and/or LHB, 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 is supportive of a team environment. I acknowledge that alcohol and/or other recreational drugs will not be consumed before or during rehearsals and performances. QSHBA is affiliated with the Queensland Band Association, I do / do not give consent to being registered in the QBA with QSHBA for competition purposes

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 ..... / / 23

For applicants under the age of 18 years –

I ..... Parent/carer of the above, support and give consent to this application and the above.

Signed - Parent/Carer ..... / / 23

Membership fee received \$50.00..... / / 23

\* The definition of “appropriate” will be interpreted in accordance with the Member's/parents'/careers' opinion.

For Direct deposit - Name QSHBA, BSB 064133, Acct 1038 2265.