## 2025 Membership Application or Renewal



Applicant Details – if renewing, please include your full name and any changed details		
Full Name		
Mobile		
Email		
Instrument(s) Played		
Age (if under 18)		
Contact in case of emergency		
Name		
Mobile		
I permit Maruki to use my (close-up) photo on	its website or publicity (Tick one)	Yes No
I accept new/continued membership of Maruki Co MCO. Signature (parent/Guardian if under 18)	ommunity Orchestra (MCO) and ag	ree to abide by the Rules of
EFT payment: see bank account details below. Give name and payment option as reference.		
Adult Membership	\$180 for 12 Months (Jan–Dec)	□ \$50 per Quarter
Child/Full-time Student/Concession/Unwaged	□ \$125 for 12 Months (Jan–Dec)	□ \$35 per Quarter
Family (1 adult with <u>school aged</u> children)	\$220 for 12 Months (Jan–Dec)	□ \$70 per Quarter
(Our Quarters are: Jan–March April–June 、	July–Sep Oct–Dec)	
For Office Use only Receipt no. Date		

Web: www.marukicommunityorchestra.org.au Email: membership@marukicommunityorchestra.org.au
EFT: BSB 012 984 A/C: 4961 83591 Ref: your name and payment option.
Maruki Incorporated ABN 37 115 249 593. P O Box 47, Campbell, ACT 2612