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| 2026 Membership Application or Renewal (you only need to complete this form if your details have changed) |  | | |
| 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) <table border="1" data-bbox="1273 689 1476 741"> <tr> <td>Yes</td> <td>No</td> </tr> </table> | | Yes | No |
| Yes | No | | |
| I accept new/continued membership of Maruki Community Orchestra (MCO) and agree to abide by the Rules of MCO. Signature (parent/Guardian if under 18) _____ | | | |
| EFT payment: see bank account details below. Give name and payment option as reference. Adult Membership <input type="checkbox"/> \$180 for 12 Months (Jan–Dec) <input type="checkbox"/> \$50 per Quarter Child/Full-time Student/Concession/Unwaged <input type="checkbox"/> \$125 for 12 Months (Jan–Dec) <input type="checkbox"/> \$35 per Quarter Family (1 adult with <u>school aged</u> children) <input type="checkbox"/> \$220 for 12 Months (Jan–Dec) <input type="checkbox"/> \$70 per Quarter (Our Quarters are: Jan–March April–June July–Sep Oct–Dec) | | | |
| For Office Use only Receipt no. _____ Date _____ | | | |

Web: www.marukicomcommunityorchestra.org.au Email: membership@marukicomcommunityorchestra.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