



**Brisbane Ukulele Musicians Society Inc.**  
**Associate**  
**Membership Application**

<b>Admin Use Only</b>
Date Paid:
Receipt No:
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Date Processed:

*By completing this form you are applying for associate membership of the Brisbane Ukulele Musicians Society Incorporated.*

Associate membership of BUMS Inc. is open to applicants who are under 18 years of age. There are no fees for associate membership. Associate members should collect membership cards from jams at Northside, Toowong, Ferny Grove, or Coorparoo.

Legally, BUMS Inc. must collect members' details, and make the list of members available to other members on request. Members' contact details will not be given to any other organisation or person without members' consent. Members who might be at risk of harm by the disclosure of information other than their full names, must apply in writing to the Management Committee to have other details withheld.

**Member's Details**

Full name | \_\_\_\_\_  
 Street address | \_\_\_\_\_  
 Suburb | \_\_\_\_\_  
 State | \_\_\_\_\_  
 Postcode | \_\_\_\_\_  
 Date of Birth | \_\_\_\_\_  
 Phone number | \_\_\_\_\_  
 Email address | \_\_\_\_\_  
 Skills or experience | \_\_\_\_\_

**Membership Nomination**

Nominated by: \_\_\_\_\_  
 Please print nominating member's name      Nominating member's signature

Seconded by: \_\_\_\_\_  
 Please print seconding member's name      Seconding member's signature

**Membership agreement**

I understand that my details will be included on the membership register made available to members, and that I must contact the Management Committee in a manner distinct from this form should I wish to have my contact details withheld due to risk of harm.

I agree to receive emails from the BUMS Inc. financial members' mailing list. *Emails are related to financial member entitlements, e.g. promotion codes for discounts at BUMS Inc. events. You can join the general BUMS Inc. mailing list from the home page of our website.*

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Signature of parent/caregiver:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_