**APPLICATION FOR MEMBERSHIP OF CANBERRA CITY PIPES AND DRUMS INCORPORATED**

I, Full Name…………………………………………………Date Of Birth………………………

Address…………………………………………………………………………………………….

Tel: Home…………………………Work…………………… Mobile………………………….

Preferred E-mail address for CCPD correspondence………………………………………….

Additional email address…………………………………………………………………….......

**Type of membership**: Single: $10 p.a. Family: $20 p.a. Concession: $5 p.a. Administration Fee: $175. p.a. (Please circle). **Note**: Playing Members and Learners are required to pay an annual administration fee of $175 which along with the annual membership fee, is due by 30 September each year.

*Please list additional persons to be covered by family membership over the page. (Please note that family membership includes a partner and dependants 18 years and under.)*

I wish to be considered for membership of CCPD as per the constitution of the Association and I agree to be bound by the Constitution and By-Laws of the Association. I understand that the decision of the Committee regarding acceptance is final.  *See* [*www.ccpd.org.au*](http://www.ccpd.org.au) *for copies of the Constitution, Code of Conduct and Handbook.*

I am a Piper/Bass Drummer/Snare Drummer/ Tenor Drummer /Learner/(Dum Major) Social Member.(please circle).

**I give** consent to CCPD using any images it may have or obtain in which I appear for its purposes provided that there is no specific identification of me without my permission. This approval is not to be extended outside of CCPD use*.* ***Initials: ……….***

***Or***

**I Do Not** give consent to CCPD using any images it may have or obtain in which I appear. **Initials: …….**

*Please strike out one option and initial the other.*

*Signature ………………………………………. Date ………….…. Applicant/Parent/Guardian (delete as required)*

*Where the applicant is under the age of 18, this document* ***must be signed*** *by a Parent or Guardian of the applicant.*

Proposed by: Seconded by:

Comments:……………………………………………………………………………………………………………….

Please send completed form with payment to The Registrar, CCPD GPO Box 1172 Canberra City ACT 2601 or hand to the Registrar (or any Committee Member if absent) at any Tuesday practice night at St Johns Hall Reid. Payment **may** be made by Direct Debit to CCPD 062913 Acct. 28028843. Please ensure you enter your family name and “Membership” and provide a printout of the transaction to theTreasurer. A receipt will be issued for all application payments.

# This Form may also be used to advise of **Changes to Personal Details** although E-mail notification of changes is the most convenient method. Send details to admin@ccpd.com.au or submit this form at Tuesday Night Practice.

Personal information provided to CCPD is treated as confidential and will be used for CCPD administrative purposes only and will not be provided to any other party.

Full names of additional family (social) members. Date of birth is only required for dependant members under eighteen:

Name………………………………………………………… DOB ………………………..

Name………………………………………………………… DOB ………………………..

Name …………………………………………………………DOB ………………………..

For Office Use Only:

**Email Voting Record.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRES**  | **VICE** | **SEC** | **TREAS** | **QM:**  |  |
|  |  |  |  |  |  |
| **PIPE M** | **AFP** | **CTTEE1** | **CTTEE2** | **CTTEE3** | **REGIST** |
|  |  |  |  |  |  |

If 1 or more members of the Committee vote “Not Approved” a meeting of the Committee is required.

Registrar’s Actions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Received** |  | **Date Accepted** |  | **Receipt No.****Issued By** |  |
| **Member No** |  | **On Roll** |  | **Term of Membership** |  |
| **On Dist List** |  | **On Excel Sheet** |  | **Member Notified (Date)** |  |
|  |  |  |  | **Action****Complete (Date)** |  |