

## **MEMBERSHIP APPLICATION FORM**

**Auckland Organ Association Inc** Registered charity CC 31213 PO Box 302 844 | Auckland 0751 | NZ www.auckorgan.nz | info@auckorgan.nz

- Anyone is welcome to apply to be a member of the AOA, whether you are a player or just have a general enthusiasm for the organ and its music. All members of the AOA are automatically members of the New Zealand Organ Association (NZOA).
- Student membership (at a significant discount) is available to anyone in primary, secondary or tertiary study.
- Students receiving organ tuition may be eligible for a free subscription in the first year.
- Associate membership with limited benefits (e.g. discounts on ticket prices) is available to partners of Full Members, or others at the discretion of the committee.

FULL MEMBER	STUDENT MEMBER	ORGAN STUDENT	ASSOCIATE MEMBER	
\$60 per year*	\$20 per year*	FREE for 12 months	\$10 per year*	
Early payment discount if paid in full before 31 October each year	Full-time school or university (proof may be required)	Available to any students (school or university)	Available to partners of a full member. Limited benefits	
INCLUDED: Subscription to NZ Organ News & AOA Newsletter	INCLUDED: Subscription to NZ Organ News & AOA Newsletter	INCLUDED: Subscription to NZ Organ News & AOA Newsletter	INCLUDED: Subscription to AOA Newsletter	

\*Membership is for 12 months from month of joining and per person. However, as subscriptions are renewed at the beginning of a calendar year, a pro-rata adjustment in the renewal subscription will apply in the second year.

To join the Auckland Organ Association, please complete this form and send with payment to: info@auckorgan.nz <u>OR</u> by post to: AOA Membership (PO Box 302 844   Auckland 0751   NZ)										
First Name			Last Name							
Email										
Phone			Mobile							
Street Address										
City			Region							
Postal Code			Country							
Partner's Name (associate me	ember)									
Church or Music Position (if a	any)									
Choose Membership (mark with X)										
Full Member		Student Member		Organ Student Member		Associate Member				
TOTAL (please enter amount) NZ\$										
Date			Signature*							
*!	understan	d and agree to the Rules, Byl	aws and P	rivacy Policy of the A	uckland Organ Assoc	ciation Inc.				
Your personal details wil	ll be share	d with NZOA in accordance w	ith the NZ0	DA Privacy Policy. Fu	III text of our privacy p	oolicy is available on our we	bsite.			
Please make payable to: Auckland Organ Association Inc										
ASB 12-3011-0757942-00 and label with your surname and initials										
For Office Use		Ent:		A	ck:					
						MEMBEDSHIDEOD	M OCT2021			