

MEMBER REGISTRATION FORM

Personal Information

Name: _____

Address: _____

Phone: _____

Email: _____

Musical History/Information

Instrument: _____

Lessons (how many years)
and/or AMEB level: _____

Previous orchestra or
ensemble experience: _____

Other instrument: _____

How did you find out about
SSSO? _____

Date of Application: _____

☐ I authorise SSSO to use photographs and videos of me from rehearsals and concerts on social media, websites, and marketing materials. I understand this media is used to promote the orchestra and that I will not receive financial compensation.

SSSO Committee use only

Nominated by: _____

ANNUAL MEMBERSHIP FEES: \$150 OR \$100 CONCESSION PER ANNUM.

This information is collected only for the purposes of maintaining records for SSSO membership. It will be treated confidentially and not disclosed unless required by law.

Any questions please contact Peta via email: membership@ssso.org.au

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