



DUNEDIN OPERATIC

SUBSCRIBING MEMBERSHIP APPLICATION

MEMBERSHIP DETAILS

First Name / Surname _____

Address _____

Post Code _____

Home Phone _____

Mobile Phone _____

E-Mail Address _____

NEWSLETTER

I wish to receive my newsletter by post, addressed to the mailing address shown above

I wish to receive my newsletter by e-mail, addressed to the e-mail address shown above

PAYMENT

Please find enclosed my cheque for \$20.00

Receipt required

Yes / No

Send this form with payment to:

The Secretary, Dunedin Operatic, PO Box 1203, Dunedin 9054