

CREATIVITY AUSTRALIA™

community choirs



With One Voice Registration Form

Name: _____
Phone: _____
Mobile: _____
Email: _____ @ _____

Please ensure your email is accurate and written in BLOCK LETTERS.
It is our key method of communication.

Address: _____

Gender: Male / Female

Age: 12 to 25 26 to 40 41 to 55 56 to 70 71 +

T-Shirt size: Unisex: S M L XL XXL

Do you come from a non-English speaking background? Yes / No
If yes, what is your cultural background? _____

How did you find out about the choir? _____

Do you have any conditions that could affect you at choir? Yes / No

Which choir would you like to register for?

- Our Community Sings (Ashburton, Ashwood, Chadstone) Hume Sings Footscray Sings Frankston Sings
 Geelong Sings Greater Dandenong Sings Heidelberg Sings Melbourne Sings
 St Kilda Sings

PLEASE FILL OUT PAYMENT INFORMATION ON OTHER SIDE

Creativity Australia
VCA Arts House
204 St Kilda Road
Southbank VIC 3006

T +61 3 8679 6088
enquiries@creativityaustralia.org.au
www.creativityaustralia.org.au



Mind Over Music
With One Voice
Battle of the Corporate Choirs
Brainstorm Series
Australia Cares
Creative Leadership & Mentoring
I am Australian Creativity Awards
The Creativity Lobby
Evaluating Creativity
The Creativity Australia Fund



Annual Choir Donation

Your contribution covers the cost of your 12 month choir membership and is fully tax-deductible. To help meet the costs of running the choir, we ask that you please pay the full recommended amount. If you feel this is not possible at the moment, please discuss this with the friendly Program Coordinator on 03 8679 6011.

Adults (employed)

- \$500 per annum (equivalent to less than \$7 per week after tax for average employed Australian)
- \$50 per month (includes transaction fee)

Students/Pensioners

- \$350 per annum (equivalent to less than \$6 per week after tax for average part-time employed student in Australia)
 - \$35 per month (includes transaction fee)
- Student / Pension card number _____

Healthcare Card / Disability Card: Free

- Healthcare Card / Disability Card number _____

Children (accompanied by an adult): Free

Payment Options

Cheque:

I enclose a cheque payable to Creativity Australia for \$ _____

Please debit my VISA or Mastercard

Card Number: _____ Exp: ____/____ CCV# _____

Cardholder's Signature: _____

I would like my credit card to be debited monthly

I agree to pay the total amount according to the card issuer agreement.

I authorize Creativity Australia (this is the name that will appear on your credit card statement) to charge my credit card monthly for payment of products and / or services. If Creativity Australia is unable to process my monthly payment I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify Creativity Australia otherwise in writing. I understand that all expenses will be charged on my behalf and these may include additional charges from any previous months.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct.

This agreement remains in effect until cancelled by the applicant with written notice. This agreement may be cancelled by the applicant by providing Creativity Australia written notice at least 30 days in advance of the cancellation date.

Direct Payment: (valid only for annual membership)

BSB Number: 063 225

Account Number: 1031 8037

Account Name: Creativity Australia Ltd

We will send you a receipt for your tax-deductible donation.



Office use only:

On Database

Payment received

Payment processed

Cash received

Cash deposited

Other comments: _____

Officer: _____

Date: _____