

Registration & Contribution Form

Please complete all fields



YOUR CHOIR

<input type="checkbox"/> Altona Mdws (VIC)	<input type="checkbox"/> Ashburton (VIC)	<input type="checkbox"/> Brisbane (CBD)	<input type="checkbox"/> Casey (VIC)	<input type="checkbox"/> Chatswood (NSW)
<input type="checkbox"/> Geelong (VIC)	<input type="checkbox"/> Ginninderry (ACT)	<input type="checkbox"/> Gtr Dandenong (VIC)	<input type="checkbox"/> Melbourne (CBD)	<input type="checkbox"/> St Kilda (VIC)
<input type="checkbox"/> Sydney (CBD)	<input type="checkbox"/> Wantirna (VIC)	<input type="checkbox"/> Windale (NSW)	<input type="checkbox"/> Kingston Park (SA)	

YOUR DETAILS

First name: _____ Surname: _____

Mobile: _____

Email: _____

Address: _____

City: _____ State: _____ Postcode: _____

What language do you speak at home?

Is there anything about your circumstances that you think we need to know about?

Gender Male Female

Age 12 – 25 26 - 40 41 - 55 56 - 70 71+

T-shirt size XS S M L XL XXL XXXL

Emergency contact details:

Name: _____ Mobile: _____

Email: _____ Relationship: _____

Employment status:

Please tick which of following statements best reflects your current situation:

I am employed full-time I am employed part-time I am seeking employment

I am retired I am a student Other _____

Reason for joining:

To assist with research and grant support, please tell us why you have joined our With One Voice choir, please tick:

To sing Because it is nearby Because I know other choir members

To perform Because of the conductor To connect with my community

To help others To share supper Other _____

How did you hear about us?

Internet search Facebook Online Listings

From Friends/Family Referral from Agency LinkedIn

From a choir member Instagram/Twitter Workplace

Other:

Photography Consent

Photographs and videos are sometimes taken at rehearsals and performances to share the wonderful work the choirs are doing. These may be included online, in print and in social media.

I consent to photographs being used for these purposes: _____
signature

Choir participation is a tax-deductible donation.

Member contributions are the **main way we raise the funds to cover our costs** which include conductors, music resources, venues, suppers and performances.

We understand not everyone can afford to pay the full amount. What is important is that **people contribute what they can**, so that people who genuinely cannot afford to, are still able to participate.

A: Your Contribution - Please select the contribution level and frequency of contribution you can make:

Monthly Direct debit	Quarterly	Annually	Contribution level is appropriate for:
<input type="checkbox"/> \$50 per month	<input type="checkbox"/> \$135 per quarter	<input type="checkbox"/> \$500 per year - \$11 per session	General Choir Participant
<input type="checkbox"/> \$30 per month	<input type="checkbox"/> \$90 per quarter	<input type="checkbox"/> \$320 per year - \$7 per session	Student/ Pensioner/Senior
<input type="checkbox"/> \$10 per month	<input type="checkbox"/> \$30 per quarter	<input type="checkbox"/> \$120 per year - \$2.60 per session	Health care card holders/ Disability pensioner

OR I can afford to contribute the following: \$_____ per year: \$_____ per quarter \$_____ per month

OR Call Creativity Australia to discuss payment arrangements on (03) 8679 6088.

OR Speak with your Choir Organiser if you are experiencing financial difficulty at any time.

B: The Giving Circle your additional donation to the program

By contributing to the **GIVING CIRCLE**, you are assisting another less-fortunate person to experience With One Voice. Please consider your capacity to help others.

I can make a donation of \$_____ to the program. | **Frequency** One-off Quarterly Monthly

C: Payment method

Regardless of the frequency of payment, credit or debit cards are the easiest and most cost effective to process and administer.

OPTION 1: Credit or debit card

Visa Mastercard

Name on card: _____ Card holder' signature _____

Card number _____ Expiry (MM/YY) _____ CCV# _____

You must advise Creativity Australia in writing that you wish to cancel your With One Voice membership and contribution fees.

I authorise Creativity Australia (this is the name that will appear on your credit card statement) to charge my credit card for my membership. If Creativity Australia is unable to process my payment I will be responsible for an alternative payment arrangement. By signing this authorisation, I acknowledge that I have read and agree to all of the above information and warrant all information is true and correct.

OPTION 2: Direct bank deposit

Account number: 1031 8037 BSB: 063 225

Account name: Creativity Australia

NOTE: Please use your surname as the transaction reference and email transaction number to us

OPTION 3: Cheque

I have attached a cheque payable to Creativity Australia for \$_____

NEW - NDIS PARTICIPANTS: Creativity Australia is an approved NDIS Activity provider.

We're listed under the Innovative Participation Area.

If you would like to use your NDIS allocation for your membership fee please speak to the person helping you with your plan and link with CA to establish a service plan with you.



Contact us: CREATIVITY AUSTRALIA: Lvl 1, 10 Dorcas St Southbank VIC Ph: (03)8679 6088
Email: withonevoice@creativityaustralia.org.au Web: www.creativityaustralia.org.au