

IMPORTANT
Please fill out this form in full.
We need it for our records, even
though your circumstances may
not have changed. It will assist
our Membership officer and
Committee to process the hun-
dreds of Membership forms that
we receive.



Jazz Fremantle Inc
P. O. Box 1269
Fremantle WA 6959
Email info@jazzfremantle.com.au
Website www.jazzfremantle.com.au
Membership Secretary Lyn Bereczky
0439 314 276

New or Renewal (please circle)

HALF YEARLY MEMBERSHIP FORM. 1st JAN—30th JUN 2026

Name/s - Mr / Mrs / Miss / Ms (Please circle) Both names required for Double Membership (Second form)

Address

Postcode

Phone

(M)

(W)

CLEARLY PRINT your email address below.

If you are unable to receive your newsletter electronically, please tick ☐

Please ensure that you advise us if your email address has changed.

Subscription **\$10 students. \$15 single or \$25 double** (Please circle)

Both names required for Double Membership (Second form)

Office use only:

Date paid / / Eftpos/Cash/Cheque/Trybooking/Electronic Funds Transfer
Please make cheques to Jazz Fremantle (Inc)
Acc Name: Jazz Fremantle inc
NAB BSB: 086217 Acc No 348332743
When choosing the above EFT, please include your
Name & member No. on the transfer to identify your payment.
ALSO PLEASE SEND DETAILS TO info@jazzfremantle.com.au

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