



WAM ADDITIONAL BAND OR BUSINESS MEMBERSHIPS

Band or Business Details: **Required fields (if available)*

*Band / Business _____
 *Contact Person _____
 Website _____
 Networking _____ *e.g. MySpace or FaceBook*
 Sonicbids / EPK _____
 *Genre / Industry 1 _____
 Genre / Industry 2 _____
 Genre / Industry 3 _____

*Works Performed
bands - tick ONE

Originals Covers Both

Your initial \$80 Band / Business membership entitles you to register up to 4 members
 additional members can be added on this form for just \$10 each.

1. Band / Business Member:

Do you have a Past / Present WAM Member No? _____

*First Name _____ Birth Date &/or *Year _____
 *Last Name _____ *Songwriter (Y/N) _____
 *Mobile / Phone _____ *Email _____
 *Instrument / Role 1 _____
 Instrument / Role 2 _____
 Instrument / Role 3 _____

*WAM Database Please include the band/business & primary contact details in WAM's FREE online public database. It is *our* responsibility to keep this information regularly updated. (Y/N)

*WAM eNews I would like to receive WAM's eNEWS & other WAM email bulletins. My details will not be abused or given to third parties & I can opt out at any time. (Y/N)

The information below is optional - however this helps us target member resources & services

Optional Info Gender (M/F) Under 18 (Y/N) Indigenous (Y/N) Regional (Y/N)

If REGIONAL, please specify your region: _____

More members can be added on the next page...

WAM ANNUAL MEMBERSHIP PAYMENT SLIP

Our **Band / Business:** _____

wishes to add member/s x \$10 each = \$.

I wish to pay via: Cheque / Money Order \$.

I wish to debit my: Visa MasterCard \$.

Credit Card Number:

Cardholder Name: _____ Card Expires: /

Cardholder Signature: _____ Date: //





2. Band / Business Member:

Do you have a Past / Present WAM Member No? _____

*First Name _____

Birth Date &/or *Year _____

*Last Name _____

*Songwriter (Y/N) _____

*Mobile / Phone _____

*Email _____

*Instrument / Role 1 _____

Instrument / Role 2 _____

Instrument / Role 3 _____

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If REGIONAL, please specify your region: _____

3. Band / Business Member:

Do you have a Past / Present WAM Member No? _____

*First Name _____

Birth Date &/or *Year _____

*Last Name _____

*Songwriter (Y/N) _____

*Mobile / Phone _____

*Email _____

*Instrument / Role 1 _____

Instrument / Role 2 _____

Instrument / Role 3 _____

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If REGIONAL, please specify your region: _____

4. Band / Business Member:

Do you have a Past / Present WAM Member No? _____

*First Name _____

Birth Date &/or *Year _____

*Last Name _____

*Songwriter (Y/N) _____

*Mobile / Phone _____

*Email _____

*Instrument / Role 1 _____

Instrument / Role 2 _____

Instrument / Role 3 _____

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If REGIONAL, please specify your region: _____

Do you have any questions or requests? *More members can be added on copies of this page for \$10ea.*

**THANK YOU FOR SUPPORTING WAM
& THE WEST AUSTRALIAN MUSIC INDUSTRY!**

