



Canterbury Musical Parenting Association Inc. APPLICATION FORM 2009

NAME: _____

ADDRESS: _____

PHONE: (W) _____ (H) _____ (Mob) _____

E-MAIL ADDRESS: _____

- If you take classes and would like them publicised through our website www.musicalparenting.org.nz please fill in the information below.

Name of Classes: _____

Where classes are held: _____

Age group: _____

Day and time (am/pm) held: _____

Contact name and number: _____

MEMBERSHIP FEES FOR 2009 (please circle)

Single	\$25
Double	\$35
Group	\$50

- Please tick if do **not** want your phone number circulated on our members list
- Please tick if you have provided an e-mail address and do not wish to have CMPA information e-mailed to you.
- I have read and understood the conditions of hire, Aims, guidelines and Health and Safety policy of the Canterbury Musical Parenting Association Inc.

NB: fees will receive a \$5 discount when paid on the night of the AGM.

Post completed application to: CMPA, PO Box 222-06 Christchurch.