

LC EDUCATION INSTITUTE

	Date:	New Member Renewing Member	
Contact Detai	Is <u>Title:</u> First Name:	Surname:	
	Address:		
	State:	Postcode:	
	Phone (home):	Mobile:	
	Phone (work):	Fax (work):	
	Email:		
	(news and events of the institut	e, as well as branch newsletters will be emailed to this address)	
Membership	* applies to concession card holders of **Student FREE	rvice education students, either undergraduate, postgraduate, part-time	
IKS CA	IKS Ordinary \$40	Student \$25 IKS Supporter \$10	
202		ational Kodály Society. You can join or renew your IKS subscription here in rd this to the IKS for you. Membership of IKS is additional and optional. More	
5		R	
Payment	Cheque/Money Order p	ayable to: Kodály Music Education Institute of Australia	
		<b>B</b> 033-305 <b>Account Number</b> 134 342	
		th a receipt number as proof of payment) id online via the membership portal)	
Branch:			
Work Details	Position:	Govt Indep Cath Other	
.4	Daycare/School/University:		
Qualifications	alifications Degrees:		
4	Kodály Training:		
Interests	Early Childhood Primary	Secondary Tertiary Choral Instrumental	
Forward to	KMEIA Membership PO Box 102 Burpengary QLD 4505	Kodály Music Education Institute of Australia ABN 26 678 344 033	
	Email: membership@kodaly.org.a	J	