



# BHA Registration Application Form - Club

Please complete this form and email to [admin@barbershop.org.au](mailto:admin@barbershop.org.au)

ARBN 083 784 810 ABN 54 083 784 810

**NOTE:** Registration or re-registration will become effective at the date of receipt by BHA of a correctly filled-in form and a cheque or EFT payment for the Registration Fee. If registering a new club or chorus, such registration will be subject to acceptance of the proposed name(s) by BHA, and the satisfaction of BHA requirements.

Email completed form to [admin@barbershop.org.au](mailto:admin@barbershop.org.au)

EFT \$60.00 to BSB 064 237 – A/c no 1003 9641 with details of reason for payment

OR

Cheque \$60.00 payable to BHA – post to BHA Administration, 4 Tonita Court, Birkdale, Qld 4159

**Club Name** (Include corporate letters e.g. Inc., Pty., etc.)

\_\_\_\_\_

**Groups/Choruses within the club.** Supply the names of the choruses run by this club:

Chorus Name: \_\_\_\_\_

MD: \_\_\_\_\_

Chorus Name: \_\_\_\_\_

MD: \_\_\_\_\_

Chorus Name: \_\_\_\_\_

MD: \_\_\_\_\_

**Contact:** \_\_\_\_\_

Position: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**President:** \_\_\_\_\_ PH: \_\_\_\_\_

Email: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ PH: \_\_\_\_\_

Email: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ PH: \_\_\_\_\_

Email: \_\_\_\_\_

**MD:** \_\_\_\_\_ PH: \_\_\_\_\_

Email: \_\_\_\_\_

**Practice Venue**

Address: \_\_\_\_\_

\_\_\_\_\_

Practice Day: \_\_\_\_\_ Time: \_\_\_\_\_

