



PO Box 672 Port Macquarie NSW 2444

Ph:6584 9473

www.playerstheatre.org.au

MEMBERSHIP APPLICATION

I apply for renewal/membership in the category of membership set out below: (please tick (✓) one box)

(circle one of above)

- | | | | |
|-----------------|---|--|---|
| Adults | <input type="checkbox"/> \$22.00 (365 days) | Senior/Concession | <input type="checkbox"/> \$16.50 (365 days) |
| School Students | <input type="checkbox"/> \$11.00 (365 days) | Family of four (4)
(each additional child \$5.50) | <input type="checkbox"/> \$55.00 (365 days) |

PERSONAL DETAILS: Mr Mrs Miss Ms

Residential Address:

Town: Post Code:

Mailing Address: (if different)

Town: Post Code:

Telephone: H:..... W:..... M:.....

E-mail Address (Mandatory) :

Date of Birth:.....

Do you wish to receive electronic correspondence only : YES NO

Are you interested in volunteering for any of the following areas? You may tick (✓) more than one.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage | <input type="checkbox"/> Lighting | <input type="checkbox"/> Front of House |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Sound | <input type="checkbox"/> Musical Directing |
| <input type="checkbox"/> Costume Hire | <input type="checkbox"/> Bar | <input type="checkbox"/> Ushering | <input type="checkbox"/> Band |
| <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Make Up | <input type="checkbox"/> Programs | <input type="checkbox"/> Prompting |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Maintenance | | |
| <input type="checkbox"/> WWCC Number | | <input type="checkbox"/> RSA Number | |

NB: TO BE ELIGIBLE TO PARTICIPATE IN ANY PRODUCTIONS IT IS NECESSARY TO BE A FINANCIAL MEMBER OF THE PLAYERS THEATRE INC.

DECLARATION:

I, the above-mentioned nominee, do fully understand that I will be a provisional Member of the Players Theatre until the application is dealt with at a Management Committee Meeting to be held within four weeks of the date of this application being received by the Theatre. If duly admitted to membership of the Theatre, I hereby agree to abide by the Constitution and Code of Conduct (copies available upon request) of the Players Theatre Inc.

Signature:

Date:

OFFICE USE ONLY:

Current Membership Card No:.....

New Membership Card No:.....

Date Paid:.....

Amount Paid:.....

Newsletter Sent

Database Updated

Receipt No:.....

Processed by:.....

Date: