



MEMBERSHIP APPLICATION

(Memberships fall due on 30th April each year)

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 (1 yr) | <input type="checkbox"/> \$40.00 (2 yrs) | <input type="checkbox"/> \$56.00 (3 yrs) |
| Senior/Concession | <input type="checkbox"/> \$16.50 (1 yr) | <input type="checkbox"/> \$30.00 (2 yrs) | <input type="checkbox"/> \$42.00 (3 yrs) |
| School Students | <input type="checkbox"/> \$11.00 (1 yr) | <input type="checkbox"/> \$20.00 (2 yrs) | <input type="checkbox"/> \$28.00 (3 yrs) |
| Family of four (4) | <input type="checkbox"/> \$55.00 (1 yr) | <input type="checkbox"/> \$100.00 (2 yrs) | <input type="checkbox"/> \$140.00 (3 yrs) (each additional child \$5.50) |

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:(Students mandatory)

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"/> Coffee 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 | | |

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

NOMINATION (MUST be completed – as per Constitution):

We, the undersigned, being financial members of the Association, nominate the Applicant who is personally known to us, for membership of the Association.

Nominated by:	Print Name:.....	Signature:
	M'ship No:	Date:
Seconded by:	Print Name:.....	Signature:
	M'ship No:	Date:

(Both Nominator and Seconder must be members of at least 12 months standing)

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:.....
<input type="checkbox"/> Newsletter Sent	<input type="checkbox"/> Database Updated
<input type="checkbox"/> Receipt No:.....	
Processed by:.....	Date: