MEMBERSHIP APPLICATION/ RENEWAL FORM 2009

PO Box 33 Melville 6956

Mr/Mrs/Ms/Miss (given name) _______________________ (surname)_____________________________

Address: ____ P/C ___________

(please circle preferred method of contact)

☎: (home)__________________ (work)___________________ (mobile)_________________________

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Birthday (day & month) ________________________

How would you like to receive your newsletter?

☐ by email (PDF document) ☐ by post

(Please circle)

Membership Fees

Full	$20
Concession	$15
Double	$30
Friend	$12

(Please tick)

Areas of Interest

☐ Acting	☐ Lighting/Sound
☐ Directing	☐ Wardrobe/Costumes
☐ Stage Management	☐ Props
☐ Set Building	☐ Front of House
☐ Set Painting	☐ Administration

Signed ____________________________________ Dated __________________________