

APPLICATION FOR MEMBERSHIP
PLEASE PRINT CLEARLY

Surname:..... Address:

Christian Name/s: (Designate Relationship)

(Mr/Mrs//Ms) Post Code:

(Mr/Mrs//Ms) Postal Address:

(Mr/Mrs//Ms) Post Code:.....

(Mr/Mrs//Ms) Phone Hm:.....Work:.....

(Mr/Mrs//Ms) Mobile:

(Mr/Mrs//Ms) Email:.....

Type of Membership (Please Tick)

Single \$25 Double \$35 Pens. Single \$20 Pens. Double \$25 Student \$20 Family \$40 (Children under 18 only)

Payment can be made by cheque or credit card (\$2 transaction fee applies) **AND MUST ACCOMPANY APPLICATION FORM**

Visa or MasterCard Credit Card no:(inc \$2 fee) Expiry Date:/.....

Name	Mark the following with either <u>E</u> = Experienced or <u>I</u> = Interested															
	Acting	Musicals	Dancing	Music/Orchestra	Directing	Stage Management	Set Construction	Wardrobe	Sound	Lighting	Make-up	Hairdressing	Backstage	Front-of-House	Box Office	Publicity
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Current/Former Occupation (maybe helpful to theatre):.....

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Membership at Noosa Arts Theatre entitles you to:

Discount on seat prices - Regular Newsletters - Insurance cover while involved in Noosa Arts Theatre events

I/we hereby agree to abide by the Conditions and Rules of Noosa Arts Theatre Inc.

Signature: Date:

For new memberships only, this section must be completed by existing financial members:

Proposed by: Name:..... Signature:.....

Seconded by: Name:..... Signature:.....

Please return this form along with your payment, to: The Membership Secretary, Noosa Arts Theatre, PO Box 3, Noosa Heads 4567

Theatre use only: Application & fee received Approved by Committee
 Database entry complete Card & receipt issued Membership number/s: