

Membership Form

YOUR DETAILS:

 Name: _____ Preferred pronoun _____
(optional)

Address: _____

Suburb: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Mobile Phone: _____ Mobile Phone: _____

 E-mail address (es) (PLEASE PRINT CLEARLY): _____

There are two types of membership: 1) Individual or 2) Family (includes all family members at the above address)
 All members of Mairangi Players (operating as TheatreWorks) who are 16 years and over may vote at General Meetings.

TYPE OF MEMBERSHIP required: (mark one)

 Individual \$15.00 Family \$25.00 Receipt required
INTERESTS: how would you like to be involved at TheatreWorks? (mark your interests)

- | | | | | |
|---|--|---|---------------------------------------|---|
| <input type="checkbox"/> Directing | <input type="checkbox"/> Choreography | <input type="checkbox"/> Music | <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Make up |
| <input type="checkbox"/> Sound design | <input type="checkbox"/> Lighting design | <input type="checkbox"/> Props | <input type="checkbox"/> Set design | <input type="checkbox"/> Stage crew |
| <input type="checkbox"/> Set construction | <input type="checkbox"/> Set painting | <input type="checkbox"/> Tech operation | <input type="checkbox"/> Publicity | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Acting | <input type="checkbox"/> TV extra | <input type="checkbox"/> Dancing | <input type="checkbox"/> Singing | <input type="checkbox"/> Front of House |
| <input type="checkbox"/> Drama tutor | <input type="checkbox"/> Committee | <input type="checkbox"/> Audience | <input type="checkbox"/> Other: _____ | |

PRIVACY ACT

This application constitutes permission for TheatreWorks to include all the above details on the master membership list and on lists held by committee members. We may also post a contact list in TheatreWorks and / or provide a membership list to members. If you prefer that your details are NOT included in a list as described, please mark this box.

Signature: _____ Date: _____

PAYMENT

Please complete this form and send with your membership fee to:

The Membership Secretary, TheatreWorks, c/- 2/49 A Lancaster Road, Beach Haven, North Shore 0626

or
Email: membership@mairangiplayers.co.nz and make internet payment to: 38-9016-0175009-00 including **your name** and "**M'ship**" as references.

ADMIN	Receipt #	M'Ship List	Payment Method
Date			
Signed			