THEATREWORKS BIRKENHEAD
Operating as Mairangi Players Inc

Ph:419-0415 info@mairangiplayers.co.nz
P.O.Box 34-455, Birkenhead, North Shore 0746
Birkenhead War Memorial Park, Recreation Dr
www.mairangiplayers.co.nz

Membership Form

Name: _____

Address: _____

Suburb: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

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

There are two types of membership: 1) Individual
2) Family (includes all family members at the above address)

All members of TheatreWorks (operating as Mairangi Players Inc) who are 16 years and over are entitled to vote at General Meetings.

Type of membership requested: (Mark one)

Individual $15.00 ☐

Family $25.00 ☐ ☐ Receipt required

How would you like to be involved at TheatreWorks? (Mark your interests)

☐ Directing	☐ Choreography	☐ Music	☐ Wardrobe	☐ Makeup
☐ Sound design	☐ Lighting design	☐ Props	☐ Set design	☐ Set construction
☐ Set Painting	☐ Tech operation	☐ Stage Crew	☐ Publicity	☐ Photography
☐ Acting	☐ TV Extra	☐ Dancing	☐ Singing	☐ Front of House
☐ Drama tutor	☐ Committee	☐ All aspects	☐ Other: _____	

Privacy Act

This application constitutes permission for TheatreWorks (operating as Mairangi Players Inc) to include all the above details on the master membership list and on lists held by committee members. We may also post a phone list in TheatreWorks and/or provide a membership list to any member who requests one. If you prefer that your details are NOT included in a list as described, please mark the box. ☐

Signature: _____ Date: _____

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

The Membership Secretary
TheatreWorks / Mairangi Players
P.O. Box 34-455
Birkenhead
North Shore 0746

or **e-mail** to :**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			