

Membership Form

YOUR DETAILS:

Name(s): _____
(List all for family membership, and birth dates for any under 16 years)

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 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"/> Production assistant | |
| <input type="checkbox"/> Prompt | <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Make up | <input type="checkbox"/> Set design | <input type="checkbox"/> Set Build |
| <input type="checkbox"/> Set decor | <input type="checkbox"/> Set painting | <input type="checkbox"/> Props | <input type="checkbox"/> Sound design | <input type="checkbox"/> Lighting design |
| <input type="checkbox"/> Tech operation | <input type="checkbox"/> Stage crew | <input type="checkbox"/> Poster design | <input type="checkbox"/> Photography | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Acting | <input type="checkbox"/> Singing | <input type="checkbox"/> Dancing | <input type="checkbox"/> Usher | <input type="checkbox"/> Audience |
| <input type="checkbox"/> Drama tutor | <input type="checkbox"/> Committee | <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@mairangisplayers.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
Date				
Signed			Via	