

## 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 decor	<input type="checkbox"/> Set painting	<input type="checkbox"/> Props	<input type="checkbox"/> Sound design
<input type="checkbox"/> Tech operation	<input type="checkbox"/> Stage crew	<input type="checkbox"/> Poster design	<input type="checkbox"/> Photography
<input type="checkbox"/> Acting	<input type="checkbox"/> Singing	<input type="checkbox"/> Dancing	<input type="checkbox"/> Usher
<input type="checkbox"/> Drama tutor	<input type="checkbox"/> Committee	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Audience

### 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](mailto: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
Date				
Signed			Via	