

## Youth Membership Form

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent(s): Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail (PLEASE PRINT CLEARLY): \_\_\_\_\_

Parent(s) E-mail: \_\_\_\_\_

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"/> 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
Date				
Signed			Via	