

Townsville Little Theatre



PO Box 21, Castletown, 4812.

www.townsvillemembership.org.au

APPLICATION FOR MEMBERSHIP

**** Due Annually on 31 Oct ****

I wish to make an application to **join Townsville Little Theatre** or **renew** (Circle *join* or *renew*) my membership as one of the following:

1. Active Member (to be involved in performing, backstage or general helper)
2. Non Active Member (member only, to take advantage of discount prices)

Name _____

Address _____

Suburb _____ Post Code _____

Ph: (H) _____ Mob: _____

email: _____

Birthday: ____ / ____
 dd mm

Do you wish to receive your newsletter
by *Post* or *email* (please circle one)

Types of membership:

- Individual \$20
 Student / Pensioner \$15
 Family* \$30

* Please list the names of family members here:

Annual subscription can be paid on line to our bank as follows:

Bank: Bendigo Bank

BSB: 633000

Acct No: 139304653

Acct Name: Townsville Little Theatre

I accept and agree to abide by the constitution of **Townsville Little Theatre** and declare the above information provided is true and correct.

(Like a copy *Yes / No*)

TLT has public liability insurance and cover for volunteer workers.

Details of the coverage are available by contacting the Treasurer.

NB: By signing this form you are agreeing that photos and videos of you may be used in publicity and advertising material for **Townsville Little Theatre** **unless** you tick this box.

Applicant's Signature _____ **Date** _____

New Members must be proposed and seconded by a current financial member.

Proposed by: _____ Signature: _____

Seconded by: _____ Signature: _____

Accepted *Yes / No* ... Date: _____