



Arcadians Theatre Group

PO Box 1135 Wollongong NSW 2500 | ABN 40 001 519 035 | Listed on the National Cultural Register
Ph: 02 4284 8348 E: contact@arcadians.org.au W: www.arcadians.org.au



Membership Application Form

Name:			
Address:			
Email: Please <i>PRINT</i> clearly			
Phone:		Occupation:	

Membership Type	Fees	Frequency	<input checked="" type="checkbox"/>
Full Member	\$30.00	Annual	
Youth Member (under 16)	\$10.00	Annual	
Senior Member (65 + non-performing)	\$10.00	Annual	
Associate Member	\$10.00	Per production	
Orchestra	Waived	Per production	

Fees may be paid via direct deposit into the Arcadians bank account.

Account Name: Arcadians Theatre Group
 BSB: 802 249
 Account Number: 126437540
 Reference Number: 141 Surname First Initial (eg,141GreenR)
 E-mail EFT receipt to: secretary@arcadians.org.au

Fees may also be paid by cheque. Cash payments can be made in person to your show Producer or at the Annual General Meeting. Please DO NOT send cash in the mail.

I am interested in participating in the following activities in the group (please tick all that apply):

- | | | | | |
|--|---|-------------------------------------|---|---|
| <input type="checkbox"/> Performing | <input type="checkbox"/> Sound | <input type="checkbox"/> Lighting | <input type="checkbox"/> Costumes | <input type="checkbox"/> Makeup |
| <input type="checkbox"/> Properties | <input type="checkbox"/> Musical Director | <input type="checkbox"/> Director | <input type="checkbox"/> Producer | <input type="checkbox"/> Choreographer |
| <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Set Design | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Front of House |

I hereby make an application to become a member of the Arcadians Theatre Group. I understand that my membership is accepted on provision of payment of membership fees and Rules and By-Laws of the Group laid down from time to time and, upon cessation of my membership, I have no claim against the assets of the Group.

I also agree to complete the Working with Children check process and will provide my Working With Children Check clearance number to the Secretary.

Working with Children Check No:	DOB:	Expiry Date:
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Signature: _____ Date: _____

Please turn over for the Arcadians Theatre Group privacy Information Collection Notice.

Office Use Only:

M'Ship Paid: _____ Accepted: _____ Receipt#: _____ Date: _____ M'ship Confirmed: _____



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Member Information Collection Notice

1. Arcadians Theatre Group collects personal information, including sensitive information, about individuals before and during the course of Membership of Arcadians Theatre Group.
2. The primary purpose of collecting and recording this information is to allow us to exercise our functions and activities as a community theatre group, providing opportunities for community members to participate in our activities as performers, volunteers and audience members.
3. We collect, use, hold and disclose personal information in accordance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (APPs).
4. Some of the information that we collect is to satisfy our legal obligations and enables us to discharge our duty of care.
5. Arcadians Theatre Group may collect health information about Members. Health information is a subset of sensitive information; it is defined in the *Privacy Act 1988* (Cth) and is dealt with in accordance with the APPs.
6. If we cannot obtain the information requested, we may not be able to accept you as a Member or continue your Membership with Arcadians Theatre Group.
7. Personal and sensitive information collected by Arcadians Theatre Group may be used and disclosed to others within the organisation for administrative, child protection, work health and safety purposes, and for the purposes of providing Members with a variety of services including participation in theatre productions.
8. Our Privacy Policy sets out how Members may seek access to personal information collected about them, however there will be occasions when access is denied.
9. Members may seek to have personal information that we hold about them corrected. Correction of personal information is dealt with in accordance with our Privacy Policy.
10. Members may make a complaint in accordance with our Privacy Policy if they believe we have breached the APPs.
11. A copy of our Privacy Policy is available on request from the Arcadians Theatre Group, PO Box 1135 Wollongong NSW 2500, phone 02 4284 8348, e-mail secretary@arcadians.org.au, or via our website www.arcadians.org.au.