



The Arcadians Theatre Group

P.O. Box 1135, Wollongong NSW 2521
ABN 40 001 519 035, Listed on the National Cultural Register

Membership Application Form

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

Name _____

Address _____

State _____ Postcode _____ Date of Birth _____

Phone _____

Email _____

Occupation _____

I am interested in participating in the following activities in the group (please circle):

- | | | |
|---|---|---|
| <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"/> Stage Manager |
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Front of House |
| <input type="checkbox"/> Producer | <input type="checkbox"/> Choreographer | <input type="checkbox"/> Auxiliary |

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 process as required and will provide my number to the Secretary.

Signature _____

Date _____

Privacy Statement: The information collected on this membership form will be used solely for the purposes of registering you as a member of the Arcadians Theatre Group and will not be forwarded to any third parties. To update or amend any of your information please revisit the website – www.arcadians.org.au and go the Member's section or contact the Secretary at secretary@arcadians.org.au.

Office Use Only:

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