



Papakura Theatre Company (Inc.)

P. O. Box 72-336, PAKAKURA 2244

A member of the New Zealand Musical Theatre Federation

MEMBERSHIP FORM - 2020

I hereby apply for membership of the Papakura Theatre Company (Inc.) for the type as indicated.

MEMBERSHIP

Child	\$15	<input type="checkbox"/>
Adult	\$30	<input type="checkbox"/>
Family	\$45	<input type="checkbox"/>

Child: A child attending school.

Family: Two adults and up to two children U16.

Any information received about you will be held by Papakura Theatre Company (Inc.) and will not be passed to any other individual or organisation. This information may be used by us for Club business and may be included on Club phone lists, but only as it pertains to the Club. You may access and inspect the information at any time under the Privacy Act 1993.

Amount Paid \$
Cash Chq Internet Banking

Renewal New Member

***Birth**day: Day: Month:

***Ethnicity:**

Name _____

Mr / Mrs / Miss / Ms

(please circle one)

Address _____

PTC Bank Account – ANZ Papakura

01-0398-0008714-00

REF: surname/ 2020 subs

Occupation _____
(required by our Constitution)

email: _____

I am interested in having the Newsletter emailed

Phone (Pvt.) _____ (Bus.) _____ (Mob.) _____

If you do **not** wish your phone number to be available to other club members - please tick

If family membership, please include all names:

1. _____	Birth day	Day _____	Month _____	3. _____	Birth day	Day _____	Month _____
2. _____	Birth day	Day _____	Month _____	4. _____	Birth day	Day _____	Month _____

I am interested in the following aspects of Theatre If more than one member, please indicate member concerned

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> On Stage | <input type="checkbox"/> Set Design |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Orchestra (Instrument _____) | <input type="checkbox"/> Set Painting |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Photography | <input type="checkbox"/> Social Committee |
| <input type="checkbox"/> Direction | <input type="checkbox"/> Production Manager | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Dressers | <input type="checkbox"/> Production Secretary | <input type="checkbox"/> Special Effects |
| <input type="checkbox"/> Front of House | <input type="checkbox"/> Prompt | <input type="checkbox"/> Stage Crew |
| <input type="checkbox"/> Hair Dressing | <input type="checkbox"/> Props | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Publicity / Marketing | <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> Make-up | <input type="checkbox"/> Rehearsal Pianist | <input type="checkbox"/> No active involvement |
| <input type="checkbox"/> Musical Direction | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Other (Please specify) |

I agree to abide by all Company rules and policies. Signed _____ Date ___/___/20

OFFICE USE ONLY: Receipt issued Membership Card Database updated