



OLD MILL THEATRE

MEMBERSHIP APPLICATION FORM 2020

PO Box 1390, South Perth WA 6951
p: 08 9367-8719 e: oldmilltheatre@iinet.net.au
w: www.oldmilltheatre.com.au

Please **PRINT** legibly and clearly.

Please place an **X** in the appropriate boxes on this form if required.

Membership: New Renewal

SURNAME:GIVEN NAME:

ADDRESS:

SUBURB: POST CODE:

PHONE: (HM) (M)

EMAIL:

Membership Type:

- Single Membership \$20.00 per year
 Double Membership \$30.00 per year (2 people in a family)

Active membership entitles you to act, direct, vote and be an active member of the theatre. It also allows you to purchase OMT show tickets at a discounted rate (1 per member only).

The areas that I am interested in are:

- | | | |
|--|--|---|
| <input type="checkbox"/> Audience | <input type="checkbox"/> Performing | <input type="checkbox"/> Directing |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Stage Management | <input type="checkbox"/> Backstage |
| <input type="checkbox"/> Set Design/Construction | <input type="checkbox"/> Costume Design/Wardrobe | <input type="checkbox"/> Lighting/Sound |
| <input type="checkbox"/> Box Office | <input type="checkbox"/> Front of House | <input type="checkbox"/> Other |

Payment Type:

Bank transfer: Wespac BSB: 036 308 Acc: 300565 Acc Name : The Old Mill Theatre.

Cheques : Make payable to **Old Mill Theatre** and sent with this completed form to:
The Secretary - Old Mill Theatre. PO Box 1390, South Perth WA 6951.

Credit card: Visa MasterCard

Name on Card:

Card Number:Exp: CVV:

Signed: Date:

Office Use Only:

Date received Amount Cheque / Credit card
Category Membership register updated (Yes / No)