



Membership Application	
Name:	
Phone:	
Email address:	
Postal Address:	
Additional information (if family membership)	
Name:	Name
Adult/Child:	Adult/Child:
Email Address:	Email Address:
Name:	Name:
Adult/Child:	Adult/Child:
Email Address:	Email Address:
I/We are interested in the following:	
Performing-Acting (<input type="checkbox"/>) Performing-Music (<input type="checkbox"/>) Directing (<input type="checkbox"/>) Audience (<input type="checkbox"/>)	
Backstage Crew (<input type="checkbox"/>) Set Design/Construction (<input type="checkbox"/>) Props (<input type="checkbox"/>) Costumes (<input type="checkbox"/>) Hair/Make Up (<input type="checkbox"/>) Technical/Lighting/Sound (<input type="checkbox"/>)	
Youth Theatre (<input type="checkbox"/>) Cinema Club (<input type="checkbox"/>)	
Signature of Primary Applicant:	
Signed:	Date:

Membership Fees: (Due 1st October annually)

Adults: \$20 per year **Children** (under 18): \$10 per year **Families:** \$40 per year

Please send completed Membership forms to:

waihidramasociety@gmail.com or mail to P.O. Box 76, Waihi 3610

Fees to be deposited to our Westpac account: 03 1575 0043030 00