

Castlemaine Theatre Company Inc. (CTC)

P.O. Box 12 CASTLEMAINE 3450

President: Kate Stones | Secretary: Delwyn Hopkins | Treasurer: Elaine Matheson

**APPLICATION FOR MEMBERSHIP**

***Member’s details***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Name* |  |  |
|  |  |  |
| *Address* |  | *Phone* |
|  |  |  |
| *Email* |  | *Mobile* |

I do 🞎 / do not 🞎 give permission for my image to be used for promotion (for example in local media or on the CTC website).

Parent/Guardian signature if under 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I can give help and participate in the following areas:

Directing 🞎 Acting 🞎 Technical 🞎 Stage management 🞎 Front of house 🞎

Set design and build 🞎 Youth Theatre 🞎 Costumes & make-up 🞎 Props 🞎 Publicity 🞎

Other (specify) 🞎

I agree to abide by the rules set out in the CTC Constitution (Model Rules for Incorporated Association 2012, available at: *http://www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations/fees-and-forms#model-rules*)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature*  |  | *Date* |
|  |  |  |
| *Print your name* |  | *Emergency Contact Name* |
|  |  |
| *Emergency Contact Number* |
|  |
|  |

***Payment:*** I enclose the following :

|  |  |  |
| --- | --- | --- |
| $10.00  |  | CTC COVID SPECIAL full membership - annual  |
| ~~$15.00~~$35.00 |  | ~~CTC concession membership - annual~~ CTC organisational membership - annual |
|  |  | Payable by cash or cheque. Cheques made out to 'Castlemaine Theatre Company Inc.' Payment can be made in person to the Treasurer or any authorised fees collector of the CTC or directly into the CTC bank a/c (Bendigo Bank BSB633 000/ a/c no 136844727 with your name as the reference).Fee received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of the CTC and receipt issued Y 🞎 N 🞎Membership list updated 🞎**Date of membership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires:\_\_\_\_\_\_\_\_\_\_\_\_** |