

## Castlemaine Theatre Company Inc. (CTC)

P.O. Box 12 CASTLEMAINE 3450
President: Kate Stones | Secretary: Delwyn Hopkins | Treasurer: Elaine Matheson

## **APPLICATION FOR MEMBERSHIP**

Name				
Address			Phone	
Email			Mobile	
do □ / do no vebsite).	ot □ give permission for my image	to be used for promotion (for	r example in loc	al media or on the CT
Parent/Guardi	an signature if under 18			
can give help	and participate in the following are	as:		
Directing	Acting □ Technical □	Stage management	□ Fron	t of house
Set design and	d build □ Youth Theatre □ (	Costumes & make-up □	Props □	Publicity □
Other (specify	) 🗆			
Signature			Date	
Print your name			Emergency Contact Name	
Emergency (	Contact Number			
P <b>ayment:</b> l e	enclose the following:			
\$10.00	CTC COVID SPECIAL full mer	nbership - annual		
<del>\$15.00</del>	CTC concession membership			
\$35.00	CTC organisational membersh	•		
	Payable by cash or cheque. Payment can be made in person or directly into the CTC bank name as the reference).	on to the Treasurer or any au	thorised fees co	llector of the CTC
	Fee received by Y □ N □	on beł	on behalf of the CTC and receipt issued	
	Membership list updated □			