

MEMBERSHIP FORM 2020

 I am a new member I am renewing my membership

To assist us in updating our membership database (including your individual interests in theatre), please complete this form and return to the Secretary, Launceston Players, PO Box 814, Launceston TAS 7250 or email secretary@launcestonplayers.com

CONTACT DETAILS: *(Please print clearly)* Please complete the back of this form for up to 4 family members

Title: Mr Mrs Miss Ms Dr Hon. Prof. Rev. *(please circle one)*

First Name: _____

Surname: _____

Postal address: _____

Suburb/town: _____

State: _____ Postcode: _____

Phone (H): _____ Phone (W): _____

Mobile: _____ Fax: _____

Email: _____

Please note that newsletters and correspondence will be sent to members via **email** unless we are advised.

SUBSCRIPTION OPTIONS:

 Family* - \$30 Single - \$20 Concession - \$15

**For 2 adults + all children under 18 still living at home*

Payment details for direct deposit:

Bank: Bank of us

BSB: 632-001

Acct number: 100070572

Acct name: Launceston Players Society Inc

Reference: **Please use your Surname & Initials**

THEATRE INTERESTS: Please tick all boxes that indicate your interests in theatre

 Acting Backstage crew Costume Dancing Directing Lighting Musical directing Musician Props Social Sound Stage manager Wardrobe Twilight Tappers Other:

I give permission for the Launceston Players and / or its representatives to use photographs, videos and other media containing or depicting myself for Players purposes: Yes / No *(please circle)*

OFFICE USE:

- Membership fee received by:

Amount paid: _____

Receipt number: _____

Cash Cheque Direct Deposit

Date paid: _____

Member number issued: _____

OPTIONAL

Family details – partner *(please print clearly)*

First Name:

Surname:

- | | | | |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musical directing | <input type="checkbox"/> Musician |
| <input type="checkbox"/> Props | <input type="checkbox"/> Social | <input type="checkbox"/> Sound | <input type="checkbox"/> Stage manager |
| <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Twilight Tappers | <input type="checkbox"/> Other: | |

Family details – child *(please print clearly)*

First Name:

Surname:

- | | | | |
|------------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musician | <input type="checkbox"/> Props |
| <input type="checkbox"/> Social | <input type="checkbox"/> Sound | <input type="checkbox"/> Other: | |
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Family details – child *(please print clearly)*

First Name:

Surname:

- | | | | |
|------------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musician | <input type="checkbox"/> Props |
| <input type="checkbox"/> Social | <input type="checkbox"/> Sound | <input type="checkbox"/> Other: | |
-

Family details – child *(please print clearly)*

First Name:

Surname:

- | | | | |
|------------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musician | <input type="checkbox"/> Props |
| <input type="checkbox"/> Social | <input type="checkbox"/> Sound | <input type="checkbox"/> Other: | |
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