



brighton theatre co. inc.
 po box 189
 middle brighton 3186



MEMBERSHIP APPLICATION FORM

I (please print clearly).....

of (street name and suburb).....

Post Code..... Telephone (H).....

Telephone (W).....Mobile.....

E-Mail address

wish to become a member of Brighton Theatre Company Inc.

In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force. I also agree to pay the membership fee of \$10.00 on joining and then on the due date each year.

Signature.....date.....

Proposer: Second:

Method of payment:

- Cash (please enclose with this form and return to me personally – cash is not to be sent through the mail)
- Cheque (enclosed, payable to **Brighton Theatre Company**, postal address: PO Box 189, Middle Brighton, 3186)
- Credit card: Name on card

Card number

Expiry date: ____ / ____ Card type (please circle): Visa Mastercard

- Direct transfer (Bendigo Bank, BSB: 633 109 Acc. no: 1088 26736 - ***please state your name in the 'description' section of the transaction so we can identify who the payment is from***)

Do you require a receipt for this payment? Yes/No



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SKILLS REGISTER FORM

Name:

Please tick the boxes below indicating those areas in which you have experience or would like to be involved.

	EXPERIENCE	INTEREST
ACTING		
DIRECTING		
LIGHTING		
SOUND		
SET DESIGN		
SET BUILDING/PAINTING		
WARDROBE		
PROPS		
STAGE MANAGEMENT		
BACKSTAGE		
FRONT OF HOUSE		
PROGRAMME/POSTER DESIGN		
MANAGEMENT TEAM		