

BRIGHTON THEATRE COMPANY



Brighton Theatre Company Inc.
PO Box 189, Middle Brighton. 3186

MEMBERSHIP APPLICATION FORM

I (please print clearly) _____

of (street name) _____

Suburb _____ Post Code _____

Phone (H) _____ Phone (W) _____ Phone (M) _____

Email 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 _____ Seconder _____

Method of Payment:

CASH (please enclose with this form and return to the Treasurer 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

Card Type:(please circle) VISA MasterCard

Name on Card _____

Card Number _____ Expiry Date: _____ / _____

DIRECT TRANSFER

Bendigo Bank BSB: 633 109 Acc. Number: 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

BRIGHTON THEATRE COMPANY



SKILLS REGISTER FORM

NAME _____

PLEASE complete the information below indicating the areas in which you have experience or would like to be involved in.

	EXPERIENCE	INTEREST
Acting		
Directing		
Lighting		
Sound		
Set Design		
Set Building / Painting		
Wardrobe		
Props		
Stage Management		
Backstage		
Front Of House		
Program / Poster Design		
Management Team		