

MALANDA THEATRE COMPANY

PO Box 147, Malanda, 4885

Email: info@malandatheatre.org

Website: www.malandatheatre.org

ABN 58077126250

MEMBERSHIP FORM 2017

Name:

Age: (If under 18).....

Address;

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Telephone: Home.....Mobile.....

Email:

THEATRE SKILLS

Do you have any particular skills or interests in theatre?

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What would you like to see happening at the theatre in the next year?

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MEMBERSHIP FEE

Annual: Adult \$15
 Student: \$10.
 Family: \$30

MEDIA RELEASE

Do you give permission for MTC to use photographs of you to promote productions in media outlets such as newspapers, the MTC website, facebook, programs and displays? YES:..... NO.....(Tick one)

Signed:

PAYMENT METHODS

1. **Print form, complete and post with a cheque to:**
The Treasurer,
Malanda Theatre Company
PO Box 147
Malanda, 4885

2. **Direct Deposit to:**
Account: Malanda Theatre Company
BSB number: 633 000
Account Number: 1160 26 766
Payment Reference: Your Surname
Email your remittance and Membership Form to the Treasurer
sophiaji@outlook.com

3. **Complete form and give payment directly to Louisa Crossle at the first rehearsal or meeting attended.**
Payment can be by cheque or cash.

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Office

Amount	Date Processed	Receipt No.	Signed
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