



Auckland Music Theatre Inc

P.O. Box 44-330

Pt Chevalier

AUCKLAND

MEMBERSHIP APPLICATION

**MEMBER DETAILS**

Full Names(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Type of Membership**

**Passive**  Send Me Newsletters/ show notifications/ special fundraising events

**Active**  I am interested in becoming involved in the following areas:

- Working Bees     Front Of House     Hair & Make Up     Props Making
- Set Design/Construction/Painting     Costumes Design     Sewing
- Production Management     Stage Management     Lighting/Sound
- Artistic Direction - (Director/Musical Director/Choreographer)     Publicity
- Administration or Committee
- Other: \_\_\_\_\_

MEMBERSHIP TYPE (Valid for one year from the date of receipt)

Single \$ 35.00     Double \$ 55.00     Family \$ 85.00     Donation \$

**PAYMENT – Amount \$** \_\_\_\_\_

Cash - Cheque –EFTPOS - Visa - MasterCard    Please circle one

Card Number : \_\_\_\_\_

Printed Name : \_\_\_\_\_

Expiry Date : \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Card issued – Database Updated – Copy to Treasurer