



BANKSTOWN THEATRE COMPANY

Membership Application Form

FAMILY NAME: _____ **FIRST NAME:** _____

ADDRESS: _____

_____ **POST CODE:** _____

PHONE: _____ **MOBILE:** _____

EMAIL: _____

I agree to abide by the Memorandum and Articles of Association of the Bankstown Theatre Company.

SIGNATURE: _____

MEDIA RELEASE:

I, _____ (insert name), give permission for the Bankstown Theatre Company to use photographs of myself, taken by any official or Company approved photographer, for the exclusive use of publicity for a production and/or for future use in promoting the company in newspapers and/or the internet, including the Bankstown Theatre Company website or on social media.

SIGNATURE: _____

MEMBERSHIP FEES: Currently set at \$25.00 per calendar year, subject to change without notice.

PAYMENT: If you audition for a production and are successful, you will be forwarded an invoice which may be paid online by following the link provided. Alternately you may pay by cheque, payable to Bankstown Theatre Company or by cash at rehearsal, prior to the date shown on the invoice.

If you are applying for membership independently of a production please complete the following:

I, _____ (insert name), give permission for the Bankstown Theatre Company to charge my nominated credit card the cost of my Membership Fee.

VISA / MASTERCARD / AMEX Number:

Expiry : / **Security Code:** **(3 digits VI or MC / 4 digits AMEX)**

SIGNATURE: _____

FOR COMMITTEE USE ONLY

Acceptance of Application: ____ / ____ / ____ (date)

Membership Fees Paid: ____ / ____ / ____ (date)