

Bankstown Theatre Company

Bringing Quality Entertainment to the Community for Over 60 Years

MEMBERSHIP APPLICATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

POSTCODE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

Membership Fee Payable: \$ 22.00 (GST inclusive)

Cash

Cheque

Credit Card
(Visa or Mastercard Only)

Credit Card Authority:

Visa

Mastercard

Name on Card: _____

Card Number: - - -

Expiry Date: -

Amount: Signature: _____

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

Signature: _____

Photograph Permission

I, _____ give permission for the Bankstown Theatre Company to Use photographs of myself, taken by the official company 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.

Signature: _____

For Office Use

Acceptance of Application

Membership Paid

Date: _____

Date: _____ Rec No: _____