

BRIGHTON THEATRE COMPANY

PO Box 189

Brighton Vic 3186

Phone: 0493 069 479

Email: membership@brightontheatre.com.au

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. 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)

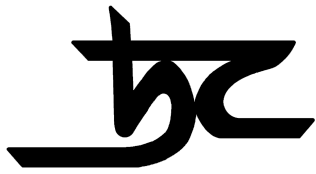
Postal address: PO Box 189, Brighton. 3186

DIRECT TRANSFER

Bendigo Bank BSB: 633 000 Account 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 willing to help or learn in order to assist in the running of the Company and send with your Member Application Form or email: membership@brightontheatre.com.au

	WILLING/ABLE TO ASSIST	INTERESTED IN LEARNING	EXPERIENCE
Front of House			
Stage Management			
Lighting Design			
Lighting Operation			
Sound Design			
Sound Operation			
Set Design			
Set Building/Painting			
Wardrobe			
Props			
Backstage			
Promotional Design			
Directing			
Acting			