

# APPLICATION FOR NEW AND RENEWING MEMBERSHIP OF ELTHAM LITTLE THEATRE Inc.

(Incorporation No. 4234, ABN: 96 892 246 210)

I/We wish to become member(s)/renew membership of Eltham Little Theatre Inc.

Renewal:  New:  (Please tick) Date: .....

Name: .....

Address: .....

Postcode: ..... Telephone: ..... Date of Birth: .....  
(Junior members, under 18)

E-mail:.....

Signature: ..... Signature of  
Parent/Guardian: .....  
(of junior member, under 18)

**Please note:** By signing this form, you give your permission for your photo, or child's photo, to be used for advertising in the local paper, photo display on performance nights in foyer, and use on our website. If you **do not** agree to the use of you or your child's photo please tick the box.

Names of other family members applying for membership (write on back if more):

a) ..... Date of Birth (junior): .....  
b) ..... Date of Birth (junior): .....  
c) ..... Date of Birth (junior): .....

Members receive our bi-monthly newsletter "Chookas", and are entitled to come and see the Opening Night of Plays 1,2 & 4 for **FREE** (excludes Music Hall, One Act Play Season & Youth Production)

## MEMBERSHIP SUBSCRIPTIONS:

\$20.00 for the first member of a family;  
\$10.00 for the second & subsequent family members at the same address;  
\$12.00 pensioner concession;  
\$12.00 for a junior member under 18 years

PLEASE COMPLETE AND RETURN TO:

*Memberships, Eltham Little Theatre Inc. ,PO Box 114 ELTHAM VIC 3095*

with your cheque or money order made payable to: Eltham Little Theatre Inc.

ENQUIRIES: Telephone Trudi Walters on 9432 9264.

## INTERESTED IN (please tick):

Acting	<input type="checkbox"/>	Singing	<input type="checkbox"/>	Dancing	<input type="checkbox"/>
Set Building	<input type="checkbox"/>	Painting	<input type="checkbox"/>	Backstage	<input type="checkbox"/>
Sound	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Publicity	<input type="checkbox"/>
Front of House	<input type="checkbox"/>	Other (Please Specify)	_____		