

SUBSCRIPTION FORM

Membership Year – 1 February 2024 to 31 January 2025

Name(s): _____

Address _____

Phones: Home: _____ Mobile _____

Email _____

Membership type: *Please circle one*

Family (Two Adults + two school age children) \$35

Single (One Adult) \$25

Senior Citizen \$20

Under 18 \$10

If you are paying for a family membership please add the name of the second adult here:

Membership benefits are:

- ◆ Reduced ticket prices
- ◆ Invites to Theatre functions
- ◆ Voting rights at AGM
- ◆ On stage
- ◆ Regular Newsletter with notices of Auditions and upcoming events

I am interested in helping in the following departments *(Please circle your preferences)*

Committee
 Backstage
 Front of House
 Set Building
 Set Painting
 Sound/Lighting
 Props
 Wardrobe
 Prompt
 Acting

Other _____

Please email this form to
whanganuirep@gmail.com and pay via
Internet Banking into:

Repertory Theatre Westpac Account No.
03-0791-0563298-00
Reference = Your Name Code = MBR

OFFICE USE ONLY:

Date money received _____

Total received \$ _____

Date membership card sent _____

Receipt No. _____