

## Membership Form

**YOUR DETAILS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address(es) (PLEASE PRINT CLEARLY): \_\_\_\_\_

There are two types of membership: 1) Individual or 2) Family (includes all family members at the above address)  
 All members of Mairangi Players (operating as TheatreWorks) who are 16 years and over may vote at General Meetings.

**TYPE OF MEMBERSHIP** requested: (mark one)

Individual: \$15.00  Family \$25.00  Receipt required

**INTERESTS:** how would you like to be involved at TheatreWorks? (tick your interests)

- Directing     Acting     Music     Wardrobe     Makeup     Sound design  
 Props     Set design     Stage Crew     Set build     Set Painting     Lighting design  
 Publicity     TV Extra     Dancing     Singing     Front of House     Tech operation  
 Photography     Drama tutor     Committee     Choreography     All aspects

Other: \_\_\_\_\_

**PRIVACY ACT**

This application constitutes permission for TheatreWorks to include all the above details on the master membership list and on lists held by committee members. We may also post a phone list in TheatreWorks and/or provide a membership list to members. If you prefer that your details are NOT included in a list as described, please mark this box.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENT**

Please complete this form and send with your membership fee to:

The Membership Secretary, TheatreWorks, 2/49A Lancaster Rd, Beach Haven, Auckland 0626

or

**Email:** membership@mairangiplayers.co.nz and make internet payment to: 38-9016-0175009-00 including your name and "M'ship" as references.

ADMIN	Receipt #	M'Ship List	Payment Method
Date			
Signed			