

# Membership Application 20..../20....

## WARRAGUL THEATRE COMPANY INC.

PLEASE TICK:      **FIRST TIME APPLICATION**       **RENEWAL**       **YEAR OF ORIGINAL SHOW OR MEMBERSHIP** .....

**APPLICANT:**      **DOB: (IF 18 OR UNDER)**  
I, ..... (print full name of applicant)      ...../...../.....  
of .....(address of applicant)  
Phone No: ..... Mobile No: ..... Occupation: .....  
Email Address: .....

desire to become a /renew my member(ship) of Warragul Theatre Company Incorporated. In the event of my admission/renewal as a member, I agree to be bound by the rules of the Association for the time being in force.

### MEMBERSHIP INFORMATION

Membership Fees - Membership is for 12 months from 1<sup>st</sup> November to 31<sup>st</sup> October of current year. Fees have been set at \$30 per year.  
Membership Entitlements – Insurance coverage. It is necessary to be a Financial Member to be eligible to vote at the AGM or nominate for committee positions.  
*(Show Fees - Show Fees are paid in addition to Membership Fees. Show Fees will be liable to be paid upon a Member's successful audition and need to be paid before or at the first rehearsal- unless alternate arrangements have been made.)*

### DECLARATION:

I hereby apply for/renew my Membership of the Warragul Theatre Company Inc. I agree to abide by the Rules of the Company. I will endeavour to ensure that safety is considered at all times and understand that I have a Duty of Care to other fellow Members.

Signature of Applicant: ..... Date: .....

### NEW MEMBERS ONLY:

**Please note:** Proposer and Secunder must be a Member of the Association and personally known to the applicant

### PROPOSER:

I, .....(name of proposer)  
nominate the applicant, ..... (name of applicant)  
Signature of Proposer: ..... Date: .....

### SECONDER:

I,.....(name of seconder)  
second the application of the applicant  
Signature of Secunder: ..... Date: .....

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### OFFICE USE ONLY

Date Approved/Returned: ..../..../.... Paid by: - Cash / Cheque / Payment Plan      Receipt No:  
(Cheque No:.....) if paying by cheque