



Coffs Harbour Musical Comedy Co. Inc
Membership Application Form

I,Guardian for.....

(Name of Applicant) (Name of parent/guardian if under 18)

Address.....

Email.....DOB..... Occupation.....

Telephone (H) (W)(Mobile).....

Hereby apply to become an Ordinary member of the above-named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association currently in force.

Signed.....Guardian (if <18).....Date.....

The applicant is known to the nominator and seconder, who are members of the association, whose signatures appear below & who propose that the applicant be granted membership of the association.

Nominator..... Seconder

Signature(s) |

Please note: Children who are under 18 years of age are admitted as Associate Members provided parental consent is granted, and the membership fee will apply for the purposes of equal participation and insurance. For children participating in a production a parent must sign:

I hereby give consent for my son/daughter to participate in the CHMCC production of:

.....

I accept full responsibility for the safe supervision and transport of my child to and from all rehearsals, classes or presentations of this production. I hereby absolve all members of the company from responsibility for injuries or illness sustained by my child, other than where negligence can be shown.

Name.....Signed(parent/guardian)

GENERAL INFORMATION: Membership fees are for a calendar year.

Ordinary: (Includes concession and students) \$10 _____ Family (4) \$20 _____

Bank Account Details for online payments | CHMCC | 43918511 | Please notify your receipt number

INTERESTS: (Please tick): Acting | | Singing | | Dancing | | Lighting | | Sound | | Backstage | | Directing | | Art | | Make-up | | Set design | | Set Construction | | Front of House | | Costumes/Sewing | | Musician | |(Please specify instrument) Other | |

Post to: CHMCC, PO Box 1466, Coffs Harbour, NSW 2450 – please enclose fee.

All membership fees paid assist in the cost of insurance cover, therefore are NON REFUNDABLE

Approved Committee Meeting:(date) Receipt No:..... (date)