Membership Application Form Coffs Harbour Musical Comedy Co. Inc

(incorporated under the Associations Incorporation Act)

I................................................................................Guardian...............................................................

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

Address..................................................................................................................................................

Email………………………………………………………………………………………………………………………………………………..

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

DOB……………………….. Occupation.........................................................................................................

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 .......................................................

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| PLEASE NOTE: For children participating in a production a parent must sign:I hereby approve 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 fromall rehearsals and performances of this production. I hereby absolve all members ofthe company from responsibility for injuries or illness sustained by my child, other thanwhere negligence can be shown. I consent to photographs being taken of my child for publicity purposes.Name...............................................................Signed..............................................(parent/guardian) |

GENERAL INFORMATION: Membership fees are for a calendar year.

Ordinary: (Includes concession and students) $10 \_\_\_\_\_\_\_\_Family (4) $20\_\_\_\_\_\_\_\_\_\_

INTERESTS: (Please tick): 🗆Acting 🗆Singing 🗆Dancing 🗆Lighting 🗆Sound 🗆Backstage 🗆Directing 🗆Graphic Design 🗆Hair/Make-up 🗆Set design 🗆Set Construction

🗆Front of House 🗆Costumes/Sewing 🗆Publicity 🗆Other

🗆Musician: .................................. (Please specify instrument)

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| Fees may be sent to: CHMCC PO Box 1466, Coffs Harbour NSW 2450 or paid by direct deposit. |
| Bank Details for direct deposit:BSB: 533000 Account: 43918 Account Name: Coffs Harbour Musical Comedy Company |

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