



The Garrick Theatre Club Inc.

16 Meadow Street, Guildford, Western Australia, 6055

PO Box 122, Guildford, Western Australia, 6935

Telephone: TAZ Tix 9255 3336

www.garricktheatre.com.au

Established 1932

2023 MEMBERSHIP APPLICATION

NEW APPLICATION (Requires nomination by current financial member) **OR** **RENEWAL ADVICE**

TYPE OF MEMBERSHIP: ORDINARY: SINGLE \$25 **OR** DOUBLE \$40
(see over for details) JUNIOR (under 18) \$10 *STUDENT (over 18) \$10 #PRODUCTION \$10

TAG COURSE FEE \$20 (additional to relevant membership subscription)

*(Fees must be paid before application can be processed
go to www.garricktheatre.com.au/membership and follow links)*

SURNAME:

GIVEN NAME:

POSTAL or RESIDENTIAL ADDRESS: (No. and Street)

SUBURB: Post Code

HOME PHONE: **PREFERRED CONTACT ADDRESS:** - Postal Email (Tick one box)

MOBILE: BIRTHDATE: (if under 18) / /

EMAIL:

*STUDENT MEMBERSHIP ONLY

Student Number: Tertiary Institution: Student ID sighted

#PRODUCTION MEMBERSHIP ONLY

Production:

If you wish to be actively involved in the activities of the Club, please complete the following section. If not please continue to the Declaration and sign.

I would like to assist in the following areas: (Please tick)

ACTING _____ DIRECTING _____ SET CONSTRUCTION _____

LIGHTING/SOUND _____ MUSICIAN _____ WARDROBE (dressmaking) _____

VOCAL _____ FRONT OF HOUSE _____ STAGE MANAGEMENT _____

PUBLICITY/NEWSL'R _____ BACK STAGE _____ BAR (over 18) _____

OTHER _____

AGE GROUP: (Under 18)(18-21).....(21-30).....(31-40)(40-50)..... (51+).....

HOW DID YOU HEAR ABOUT GARRICK THEATRE?

DECLARATION:

- 1) If elected to be a member of the Garrick Theatre Club, I agree to abide by the Constitution and Rules of the club. - View Constitution at <https://www.garricktheatre.com.au/about>
- 2) I understand that my name and contact address will be included on the Club's Register of Members which is required by law to be made available for inspection by other members.
- 3) I agree to abide by the Club's Code of Conduct - View at <https://www.garricktheatre.com.au/about>

APPLICANTS SIGNATURE: **NOMINATED BY: (Name)**.....

OFFICE USE ONLY:

DUES PAID \$ _____ DATE: _____

MEMBERSHIP NUMBER: _____

PRODUCTION MEMBER: From _____ To _____

PLEASE FORWARD TO:

The Membership Registrar
Garrick Theatre Club (Inc)
PO Box 122, Guildford WA 6935
treasurer@garricktheatre.com.au