



the launceston players

Patron: The Governor, His Excellency the Honourable Peter G. Underwood AO

MEMBERSHIP FORM 2010

To assist us in updating our membership database (including your individual interests in theatre) please complete this form and return to The Secretary, Launceston Players, PO Box 814, Launceston TAS 7250.

CONTACT DETAILS: *(Please print clearly)* – Please complete the back of this form for up to 4 family members

Title: **Mr** **Mrs** **Miss** **Ms** **Dr** **Hon.** **Prof.** **Rev.** *(Please circle one)*

First Name: _____

Surname: _____

Postal Address: _____

Suburb / Town: _____

State: _____ **PostCode:** _____

Phone – Home: _____ **Phone – Work:** _____

Fax: _____ **Mobile:** _____

Email: _____

Please note that newsletters and other correspondence will be sent to members via email unless advised to: secretary@launcestonplayers.com.au

SUBSCRIPTION OPTIONS:

Family - \$30 **Single - \$20** **Concession - \$15**

For 2 adults
+ all children under 18 still living at home

THEATRE INTERESTS: Please tick all boxes that indicate your interests in theatre

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage Crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musical Director | <input type="checkbox"/> Musician |
| <input type="checkbox"/> Props | <input type="checkbox"/> Social | <input type="checkbox"/> Sound | <input type="checkbox"/> Stage Manager |
| <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Twilight Tapper | <input type="checkbox"/> Other: _____ | |

I give permission for the Launceston Players and / or its representatives to use photographs, videos and other media containing or depicting myself for Player purposes? Yes / No (please circle)

Office Use: Membership Fee Received by: **Cash** **Cheque** **Direct Deposit to:**

Bank: Bass & Equitable Building Society
BSB: 632-001 **Acct Number:** 100070572

Acct Name: Launceston Players Society Inc
Reference: **Please use your Surname & Initials**

Amount Paid: _____ Date Paid: _____

Receipt Number: _____ Membership Number Issued: _____

OPTIONAL

Family Details – Partner: *(Please print clearly)*

First Name: _____

Surname: _____

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage Crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musical Director | <input type="checkbox"/> Musician |
| <input type="checkbox"/> Props | <input type="checkbox"/> Sound | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> Twilight Tapper | <input type="checkbox"/> Life Member | <input type="checkbox"/> Other: | |
-

Family Details – Child: *(Please print clearly)*

First Name: _____

Surname: _____

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage Crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musical Director | <input type="checkbox"/> Musician |
| <input type="checkbox"/> Props | <input type="checkbox"/> Sound | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> Twilight Tapper | <input type="checkbox"/> Life Member | <input type="checkbox"/> Other: | |
-

Family Details – Child: *(Please print clearly)*

First Name: _____

Surname: _____

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage Crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musical Director | <input type="checkbox"/> Musician |
| <input type="checkbox"/> Props | <input type="checkbox"/> Sound | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> Twilight Tapper | <input type="checkbox"/> Life Member | <input type="checkbox"/> Other: | |
-

Family Details – Child: *(Please print clearly)*

First Name: _____

Surname: _____

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Backstage Crew | <input type="checkbox"/> Costume | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Musical Director | <input type="checkbox"/> Musician |
| <input type="checkbox"/> Props | <input type="checkbox"/> Sound | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> Twilight Tapper | <input type="checkbox"/> Life Member | <input type="checkbox"/> Other: | |
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