

# QUEENSLAND MUSICAL THEATRE

## APPLICATION FOR MEMBERSHIP Friends of QMT

I, \_\_\_\_\_ hereby make application for **ORDINARY MEMBERSHIP** of the **FRIENDS OF QMT** in the category shown below. I agree to be bound by, and adhere to, the Constitution and Rules of the Queensland Musical Theatre & Arts Inc. (Copy available for perusal on request).

<b>CATEGORIES AND MEMBERSHIP RATES (Please tick appropriate box)</b>		
<b>ADULT FRIEND</b>	<b>\$20.00</b>	
<b>STUDENT, UNEMPLOYED, PENSIONER, CHILD (FRIENDS)</b>	<b>\$10.00</b>	
<b>FAMILY MEMBERSHIP (FRIENDS)*</b>	<b>\$25.00</b>	
<b>PENSIONER FAMILY MEMBERSHIP (FRIENDS)*</b>	<b>\$12.50</b>	

- ❖ *Family memberships can be held by up to two adults and any dependent children living with them or for which they have primary care.*
- ❖ *Please provide names of other family members included in this application.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I enclose my payment of \$ \_\_\_\_\_ by Cheque/Cash/Money Order

Name of Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Seconder: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR ASSOCIATION USE ONLY

Date application received: \_\_\_\_\_ Date admitted: \_\_\_\_\_

Date entered into register: \_\_\_\_\_ By: \_\_\_\_\_  
(Authorised Officer)