

# QUEENSLAND MUSICAL THEATRE

## APPLICATION FOR ORDINARY MEMBERSHIP

I, \_\_\_\_\_ hereby make application for ORDINARY MEMBERSHIP of the Association in the category shown below. I agree to be bound by, and adhere to, the Constitution and Rules of the Association. (Copy available for perusal on request).

CATEGORIES AND MEMBERSHIP RATES (Please tick appropriate box)	
ADULT MEMBER	\$40.00
STUDENT, UNEMPLOYED, PENSIONER, CHILD	\$20.00
FAMILY MEMBERSHIP*	\$50.00
PENSIONER FAMILY MEMBERSHIP*	\$25.00
Friend (Half amounts above as applicable)	

- ❖ 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)