



# QUEENSLAND MUSICAL THEATRE REGISTRATION/MEMBERSHIP FORM



Name (in full): \_\_\_\_\_  
(Given Names) (Family Name)

Address: \_\_\_\_\_

(Suburb) (Postcode)

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Email) \_\_\_\_\_

I am a financial member of Queensland Musical Theatre & Arts Inc  YES  
 NO

If no, I understand that, if selected for this production, I am required to become a financial member of the Queensland Musical Theatre. Payment of the subscription is due at the first rehearsal.

A Production Fee of \$40.00 is also levied on each member taking part in the production. This payment is also due at the first rehearsal.

A promotional T-shirt is included in this fee, please indicate your size by circling the appropriate.

### Men's Sizes

S	M	L	XL	XXL	XXL
136	142	149	155	161	168

### Women's Sizes

8	10	12	14	16	18	20
91	98	104	111	117	123	142

## REHEARSAL COMMITMENTS

Principals  
Full Company  
Full Company

Monday  
Wednesday  
Sunday

### Music

7.00 pm – 10.00 pm  
7.00 pm – 10.00 pm

### Production

7.00 pm – 10.00 pm  
7.00 pm – 10.00 pm  
1.30pm – 5.00 pm

## REHEARSAL CAMP

I hereby agree to attend a Weekend Rehearsal Camp (if held) as part of my commitment to the production. The cost will be partially subsidised by fund-raising.

YES  
 NO

I agree to be bound by the Constitution of the Queensland Musical Theatre & Arts Inc (a copy of which is available on request) and agree to follow the common practices of the Association.

Signed \_\_\_\_\_  
(must be signed by a parent or guardian if under 18 years)

## OFFICE USE ONLY – Panel requirements

**Age Group:** I am of legal adult age:  YES  
 NO

I am under 18 years  YES  
 Date of Birth ..../..../....  NO

**Theatrical Skills & Interests**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Assistant to the Director | <input type="checkbox"/> Directing        | <input type="checkbox"/> Musical Directing |
| <input type="checkbox"/> Choreography              | <input type="checkbox"/> Instrumentalist  | <input type="checkbox"/> Costume Design    |
| <input type="checkbox"/> Sewing                    | Instrument _____                          | <input type="checkbox"/> Stage Management  |
| <input type="checkbox"/> Set Design                | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Scenic Artist     |
| <input type="checkbox"/> Small Props               | <input type="checkbox"/> Large Props      | <input type="checkbox"/> Backstage         |
| <input type="checkbox"/> Fundraising               | <input type="checkbox"/> Publicity        | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Lighting                  | <input type="checkbox"/> Sound            | <input type="checkbox"/> Make-up           |

# 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).

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