



# QUEENSLAND MUSICAL THEATRE MEMBERSHIP FORM



## APPLICATION FOR ORDINARY MEMBERSHIP

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

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

(Suburb) \_\_\_\_\_ (Postcode) \_\_\_\_\_

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

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

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

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

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>\$30.00</b>
<b>STUDENT, UNEMPLOYED, PENSIONER, CHILD</b>	<b>\$15.00</b>
<b>FAMILY MEMBERSHIP*</b>	<b>\$40.00</b>
<b>PENSIONER FAMILY MEMBERSHIP*</b>	<b>\$20.00</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: \_\_\_\_\_

<b>FOR ASSOCIATION USE ONLY</b>	
Date application received: _____	Date admitted: _____
Date entered into register: _____	By: _____ (Authorised Officer)