



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 \$20.00 is also levied on each member taking part in the production. This payment is also due at the first rehearsal.

At the discretion of the Management Committee a promotional T-shirt may be offered for sale, 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
1.00pm – 5.00 pm
(for approximately 2 months)

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).

CATEGORIES AND MEMBERSHIP RATES (Please tick appropriate box)	
ADULT MEMBER	\$30.00
STUDENT, UNEMPLOYED, PENSIONER, CHILD	\$15.00
FAMILY MEMBERSHIP*	\$40.00
PENSIONER FAMILY MEMBERSHIP*	\$20.00
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)