

Friends of the Theatre Membership Form 2017

MEMBERSHIP				
As a member you are required to volunteer for a minimum of 4 shifts per year.				
I would like to be involved as a volunteer as a				
1.	Usher		[]	
2.	Program or N	Merchandise seller	[]	Please confirm
3.	Bar Attendan	t (main bar)	[]	your area/s of interest in
4.	Bar Attendan	t (wine bar)	[]	volunteering, even
5.	Candy Bar A	ttendant	[]	if it is the same as
6.	Coffee		[]	previous years.
7.	Other		[]	
Please note that you may mark any number of these duties in order of preference, but you will have to undertake training in some of these areas.				
PAYMENT				
\$15 per year for single membership				
Diagon dobit my				
Please debit my ☐ Mastercard ☐ Visa Card				
[1[1[]][][][][][] [] CARD NUMBER	[][][]	Expiry Date
				[][][]
Signature Signature				3 digit security ID
				(on back of card)
☐ Cheque / money order made payable to "Friends of the Theatre"				
☐ Offeque / morrey order made payable to Triends of the Theatre				
PERSONAL DETAILS				
MR / MRS / MS				
	(First name)	(Family Name)		(DoB)
ADDRESS		, , ,		
CITY	POST CODE			
PHONE				
	(HOME)	(WORK)	(MOBI	LE)
EMAIL				