

www.noarlungatheatrecompany.com

Full Year ($28)

**MEMBERSHIP APPLICATION President**: **Linda Lawson**

**(Time from joining + 1 YR FROM 1ST JULY) Mobile: 0417 826 968**

 **Email:** **ntc@outlook.com.au**

**Performing at The Arts Centre Patron: Mayor, City of Onkaparinga**

**22 Gawler Street, Port Noarlunga Lorraine Rosenberg**

 **BSB 805 050 ACCOUNT NO: 102 034 915**

**Please return this form with your payment to:**

**Noarlunga Theatre Company Inc**

**Membership Officer**

**PO BOX 986, MORPHETT VALE, SA 5162**

**Or BsB & Account; reply email with scanned form**

50% discount on all tickets for all productions, with a complimentary drink on arrival. (This is for your ticket only)

Newsletter posted or emailed to you every 2 /3 months

**Full Membership Concession Membership Joint Membership**

**Note: Please use separate form for each member. Joint membership is 2 x $22, but two forms are required.**

**Each member will receive one membership card with a card number and joint members will receive one card each with a card number. Each card must be presented at the door in order to receive the discount.**

**Joint Membership is for two people living at the same address**

Full Year ($22)

Full Year ($22)

Other

Student

Pension

Name: (Mr/Mrs/Ms/Miss) .............................................................................................................................................................

Address: ...........................................................................................................................................................................................

Phone: ............................................................................... Mobile: .........................................................................................

Do you have an email address? Yes/No If not, all information will be posted out to your address

Email address: (Please print clearly) ..............................................................................................................................................

**Please tick appropriate boxes below**

Renewal

New Membership

**Concession Type**

**I would like to be involved in (please tick minimum of 2)**

Acting …… Directing …… Front Of House (bar/canteen/ushering …… Lighting …… Sound …… Backstage …… Costumes ……Publicity ……

Set Design …… Set Construction …… Stage Management …… Props …… Production Manager ……Fund Raising ……

 Other (Give Details) ………………………..

I wish to apply for new/renewed membership, and I have enclosed the appropriate fee and agree to abide by the Constitution and Rules (copy available on request) of The Noarlunga Theatre Company Inc.

(If you are under 18, a parent or legal guardian must sign)

 Signature ....................................Date ......................

**Your Membership entitles you to:**