

# Waihi Drama Society INC



## MEMBERSHIP APPLICATION

Name:

Phone:

Email Address:

Postal address:

City:

Postal Code:

### PARTNER INFORMATION IF JOINT MEMBERSHIP

Name:

Phone:

Email Address:

### I/WE ARE INTERESTED IN HELPING WITH THE FOLLOWING

- Backstage     Set Design Building     Make Up     Props  
 Music     Front of House     Lighting/ Sound  
 Costumes     Directing     Acting     Working Bees     Audience

### PLEASE LIST ANY EXPERIENCE THAT YOU HAVE WE MIGHT DRAW ON


### SIGNATURES

Signature of applicant:

Date:

Signature of Partner *(for a joint membership)*:

Date:

### **Membership fees (due April 1<sup>st</sup> each year)**

**Families:                    \$20.00 per year (2 Adults and 2 children under 15)**

**Adults:                        \$10.00 per year**

**Children:                     \$5.00 per year**

**Please complete and mail to Waihi Drama Society Inc. P.O. Box 76 Waihi 3610**