

# Murwillumbah Theatre Company

PO Box 1068  
MURWILLUMBAH NSW 2484



## Membership Application:

Name: .....

Address: .....

.....

## Contacts

Phone: .....

Mobile: .....

Email: .....

## Membership Fees

**Areas of Interest**

Acting	Backstage	<input type="checkbox"/>	Props	<input type="checkbox"/>
Singing	Costumes	<input type="checkbox"/>	Front of House	<input type="checkbox"/>
Dancing	Make Up	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Directing	Set Construction	<input type="checkbox"/>	Supporter	<input type="checkbox"/>
Stage Manager		<input type="checkbox"/>		

**Age** 0-12 ..... 13-18 ..... 19-25 ..... 25-40 ..... 41 & over .....

**Sex** Male ..... Female .....

**Previous Experience**

**Please send or attach additional documents if space supplied is not adequate.**