

# NOWRA PLAYERS APPLICATION FOR MEMBERSHIP

PO Box 357 NOWRA 2541

Mr Mrs Miss Ms Other (please specify)

Surname..... First Name.....

Address .....

Town ..... Post Code .....

Telephone: Home ..... Bus. ....  
Mobile ..... Email .....

Newsletter Election: (Circle one only) I wish to receive the Newsletter by Mail..... Email

Nowra Players offers the following types of membership:-

JUNIOR suitable for under 18 year olds ...\$5 per year

ASSOCIATE general membership for 18's and over ... \$10 per year

FULL for associate members who have satisfied the following:- Been a member for over 6 months  
Shown a commitment to the Players and been active in numerous areas of our productions other than  
"on stage" eg. Lighting, sound, props, attending meetings, backstage, front of house etc. \$10 per year

FRIEND OF THE THEATRE :- suitable for those who don't wish to be actively involved with productions  
but would like to receive the monthly newsletter and support the Players :- \$10 per year

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**Junior Membership** I wish to apply for Junior Membership of the Nowra Players and enclose \$5 for my  
annual membership. I declare that I am under 18 years of age.

1. Signed ..... Nominated by 1) .....  
2) .....

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**Associate Membership** I wish to apply for Associate Membership of the Nowra Players and enclose \$10 for  
my annual membership.

2. Signed ..... Nominated by 1) .....  
2) .....

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**Friend of the Theatre.** I wish to become a Friend of the Nowra Players and enclose \$10 for my annual  
membership.

Signed .....

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**Full Membership** I wish to apply for Full Membership of the Nowra Players and enclose supporting  
evidence.

Signed .....

Nominated by 1) ..... 2) ..... 3) .....

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N.B. This application for FULL Membership must be accompanied by supporting evidence of involvement  
in the theatre (use back of form) and be supported by three FULL Members.

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Office Use Only.

Payment..... Date of Acceptance ..... Data Entered.....