

Globe Theatre Membership Form

Secretary	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>
Membership	<input type="checkbox"/>

Name(s): _____

Address: _____

Telephone No: (Home) _____

(Work/contact) _____

(Mobile) _____

E-mail: _____

Annual Membership Subscription (please tick appropriate box)

- Single membership \$20
 - Double membership \$35
 - Family membership - 2 adults and 2 school aged children \$50
 - Student \$15
 - Senior citizen (single) \$15
 - Senior citizen (double) \$25
 - Long-term membership \$150
 - Senior long-term membership \$100
- (Long term membership is valid for the life of the member)*

Interests.

Please tick as many boxes below as you would like to indicate your interests in the theatre.

- | | |
|--|--|
| <input type="checkbox"/> Acting * | <input type="checkbox"/> Singing/dancing |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Properties |
| <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Stage management |
| <input type="checkbox"/> Set making | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Front of House | <input type="checkbox"/> Theatre maintenance |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Teaching (senior classes) |
| <input type="checkbox"/> Teaching (junior classes) | |
| <input type="checkbox"/> Other (please specify): _____ | |

*If you have ticked "Acting", please tell us your age _____

Signature(s) _____

Date _____

Post to Friends of the Globe Theatre, PO Box 5334, Dunedin 9058

Please Note: Membership runs from January to December each year

Become a Member