

MANJIMUP REPERTORY CLUB

2024 MEMBERSHIP APPLICATION FORM (Jan – Dec)

SELECT MEMBERSHIP CATEGORY

Junior/Youth (School Student) \$30 Adult \$35 Family \$70

NAME OF ALL PERSONS SEEKING MEMBERSHIP ON THIS APPLICATION

Family Name	First Name	Age if Under 18	Family Name	First Name	Age if Under 18
1.			4.		
2.			5.		
3.			6.		

PERSONAL INFORMATION

Residential Address:

Home Phone Number:

Mobile Number:

E-mail Address:

EMERGENCY CONTACT INFORMATION

Name:

Contact Number:

PARENT/GUARDIAN INFORMATION for JUNIOR APPLICANTS

Residential Address:

Relationship:

Home Phone Number:

Mobile Number:

E-mail Address:

CONSENT TO USE IMAGE/NAME

I give permission for Manjimup Repertory Club Inc. to use the image and or name of all persons listed on this application for publicity and archive purpose including but not limited to printed and social media platforms.

Note: Please discuss with director if consent not agreed.

YES

NO

Applicant or parent/guardian (for junior applicants):

Name:

Signature:

PLEASE INDICATE THE CLUB ACTIVITIES YOU CAN ASSIST WITH

Directing	<input type="checkbox"/>	Choreography	<input type="checkbox"/>	Set Building	<input type="checkbox"/>
Acting	<input type="checkbox"/>	Makeup	<input type="checkbox"/>	Set Painting	<input type="checkbox"/>
Production Manager	<input type="checkbox"/>	Hair	<input type="checkbox"/>	Front of House	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	Costumes for shows	<input type="checkbox"/>	Venue Cleaning	<input type="checkbox"/>
Sound	<input type="checkbox"/>	Assist with wardrobe	<input type="checkbox"/>	Venue Maintenance	<input type="checkbox"/>

Other

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WORKING WITH CHILDREN

Do you or any person on this application have a current WWC check?

If YES please send copy/copies with this application.

YES

NO

SELECT PAYMENT METHOD

CASH: Pay to treasurer, secretary, or production director at first rehearsal.

EFT: Acct Name-Mjp Rep Club BSB: 036-126 ACC#: 600161

Reference: Member Surname & Date of Payment

AGREEMENT

I hereby confirm that all the above information is true and correct and agree all persons on this application will comply with the constitution and rules of Manjimup Repertory Club Inc.

Applicant Signature:		Date:
Parent/Guardian Signature:		Date:

ALL information will remain private and is for Manjimup Repertory Club activities records and insurance purposes only.