

Wyong Musical Theatre Company Inc. Membership Form

Please Post To: PO Box PO Box 275 Wyong NSW 2259

Name: _____

Address: _____

Town: _____

State: _____ Postcode: _____

Phone: _____ Mobile: _____

E-mail Address: _____

Membership Type: Adult [] Junior [] Concession []

Is this part of a family Membership Y/N

Cheque / Money Order or Credit Card Payment (please circle) Amount. \$ _____

Card Number: _____

Exp. Date ___ / ___ Cardholders Name _____

Participation is an important part of the Theatre Company, and we do need help from time to time in various areas

Would you check any of the following boxes if you are willing to be contacted to help in these areas?

Sets and Props painting [] Sets and Props Construction []

Set up and Disassemble [] Backstage []

Front of House [] Canteen []

Ushering [] Rehearsal Pianist []

Production team _____

On Stage _____

