2019 Membership Application

Roo Theatre Company Inc. PO Box 4149, Shellharbour, NSW 2529
ABN: 56 944 028 859

☐ FULL $30	☐ CONCESSION $25	☐ FAMILY $80	☐ ROO STUDENT $20

Surname	
Given Name (s)	
Address	
Suburb	**Postcode**
Home Ph	**Mobile**
Email	**Date of Birth**
Working With Children's Check No.	**WWCC Expiry**

Medical Conditions – please list any conditions

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What activities at Roo are you interested in?

☐ Acting	☐ Musician
☐ Choreography	☐ Photography
☐ Costuming	☐ Production Manager
☐ Dancing	☐ Prop Making
☐ Directing	☐ Publicity
☐ Front-of-House	☐ Set Construction
☐ Fundraising	☐ Set Design
☐ Hair & Make-Up	☐ Singing
☐ Lighting	☐ Sound
☐ Musical Directing	☐ Stage Management/Crew

Membership Declaration

- I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF ROO THEATRE COMPANY INC.
- I AGREE TO NOT PUBLISH OR DISTRIBUTE ANY PERSONAL PHOTOGRAPHY/VIDEO/MULTIMEDIA RECORDINGS RELATED TO ROO THEATRE PRODUCTIONS WITHOUT THE CONSENT OF ROO THEATRE COMPANY INC.

Signature: ________________________ Date: ___/___/___

Submitting your completed application

- Post it to:
  Roo Theatre Company, PO Box 4149, Shellharbour, NSW 2529
- Scan and Email to secretary@roo-theatre.com.au
- Hand it to Josif Jovanovski - Roo Theatre General Manager

Office Use

☐ Cash ☐ Credit ☐ Cheque

Receipt No.______________ Date:___/___/___

Please Note – For 'Family memberships' all persons require a separate form for admin purposes!

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PAYMENT DETAILS

Please note, this section will be destroyed once payment is processed.

☐ **Cash: $__________** ☐ **Cheque** ☐ **Credit card**

Card Details:

☐ **MasterCard** ☐ **Visa**

Name: ________________________________ **Card Number:** ____________________________

Expiry Date: ____/____ **CVV:** __________ **Signature:** ____________________ **Date:** ____________