



Membership Application

Roo Theatre Company Inc. PO Box 4149, Shellharbour, NSW 2529

ABN: 56 944 028 859

Month:

Surname
Given Name (s)
Address
Postcode
Home Ph
Mobile
Email
Date of Birth

Medical Conditions – please list any conditions

What activities at Roo are you interested in?
Please circle (you may select more than one)

- | | | |
|-------------------|-----------------------|-------------|
| Acting | Musician | |
| Costuming | Photography | |
| Choreography | Production assistant | |
| Dancing | Prop Making | |
| Directing | Publicity | |
| Front-of-house | Set construction | |
| Fundraising | Set Design | |
| Hair and Make up | Singing | |
| Lighting | Sound | |
| Musical Directing | Stage Management/Crew | Other _____ |

Membership Declaration

- I/WE AGREE TO ABIDE BY THE RULES AND REGULATIONS OF ROO THEATRE COMPANY INC.
- I/WE 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

- Put it too Roo Theatre Company, PO Box 4149, Shellharbour,NSW 2529
- Scan and email to info@roo-theatre.com.au
- Hand it to a member of Roo staff

<input checked="" type="checkbox"/>	Membership Type	Fee
<input type="checkbox"/>	Full	
<input type="checkbox"/>	Concession	
<input type="checkbox"/>	Family	
<input type="checkbox"/>	Roo Student	

Office use only

Amount Paid _____

Date _____

- Cash
- Cheque
- Eft
- Online