

MEMBERSHIP / ASSOCIATE APPLICATION FOR
FOOTPRINT THEATRE INC

ABN 63 161 039 598
(incorporated under the Associations Incorporation Act 1984)

I, Full Name _____
of _____
Postal Address _____

Town/Suburb _____

Postcode _____

Phone number(s) _____ Home
_____ Work
_____ Mobile

Email address _____

hereby apply to become a: member \$20 (16 years or over)
 associate \$10 (< 16 years) *
of the abovenamed incorporated association.

In the event of my admission as a member or associate, I agree to be bound by the rules of the association for the time being in force. **

This is a: new application renewal

Please send me notices and newsletters: by email by post
Please note we prefer to send by email

Signature of applicant
(or parent/guardian if applicant < 16)

Date

____ / ____ / ____

Payment method:

- cash (in person only)
 cheque
 direct deposit - confirmation nbr:

Cheque: _____
Make payable to **Footprint Theatre Inc** and send with this form

Direct Deposit: **Footprint Theatre Inc Bendigo Bank BSB 633000 Acct Nbr 137448981**

Footprint Theatre Inc PO Box 111 Pambula 2549 www.footprint.org.au Tel 02 6495 7160

* Associates are not eligible to vote at AGMs or general meetings or nominate themselves or others for committee positions
** For latest version of rules see our website or contact The Secretary.

OFFICE USE ONLY: Payment received / /

Added to membership register / associate register