

MEMBERSHIP APPLICATION – 2017 SEASON

Name:							
Email Address:							
Postal Address:							
Telephone: (Ho	me and/or cellpho	one):					
I wish my membership details to remain confidential YES / NO							
	nbership commenc ership year ran fror	•	17 and runs to 31 Debruary	ecember 2017. This	s is a change	from previou	us years,
			Christchurch's product	· ·		-	
I am interested in the following (tick all that are applicable):							
Acting		Set Construction		Properties			
Backstage		Set Painting		Production Manager			
Sound		Front of House		Directing			
Lighting		Stage Manager		Choreography			
My elected 2017 membership is: (Please circle one)							
Full Year (1 Janu	uary 2017 to 31 D	ecember 2017)	Half year (1	L July 2017 to 31	December 2	<u>2017)</u>	
Individual: \$40 - Includes 3 single comps Family: \$50 – Inc 4 single comps Production: \$15 per production			Family: \$25	Individual: \$20 – Inc 1 single comp Family: \$25 – Inc 2 single comps Production: \$15 per production			
	every opening nigh	-	rs newsletter. In add th the exception of	•	-		
with your name a OR	s a reference, then	complete this form	ne Elmwood Players and email electron	·			0-00),
I enclose my cheque for \$ (Do not send cash in the mail)							
Elmwood Plag	yers P.O. Box	x 2585 Chris	tchurch www	v.elmwood-pla	yers.org.	nz	