



GEELONG REPERTORY THEATRE COMPANY INC

Reg No: A0006583F ABN: 46 513 348 407

Membership Application Form

Return with payment to:

Geelong Rep Theatre Comp.
Membership Coordinator
PO Box 993
Geelong, VIC 3220

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____
(home) (work) (mobile)

Email: _____

Would you like to receive "RepRap": No ☐ Email ☐ Letterbox ☐

Would you like to be involved in Front of House:
(Must be over 18 years of age) No ☐ Yes ☐

Membership includes

- Subscription to "RepRap" (the Geelong Rep newsletter);
- A single ticket to see any production within 12 months of becoming a member.

Declaration:

I hereby ☐ wish to become a member of / ☐ renew my membership for **Geelong Repertory Theatre Company Inc** (GRTC). As a member I agree to support the purposes of GRTC and comply with its rules. The rules can be found on our website: <http://www.geelongrep.com/>

Signature of applicant: _____ Date: ____ / ____ / ____

Guardian Information required for Junior Members (under 18 years of age):

Guardian Name: _____ Relationship: _____

Guardian Address: _____

Guardian Phone: _____ email: _____

Guardian Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Payment received:		Card Sent:	
Date Approved:		Register Entry:	

Payment Options

Adult - \$30, Concession - \$25, Student - \$20, Junior (under 18) - \$20

Please circle your membership type:

Cheque / Money Order

Made payable to:
"Geelong Repertory Theatre Company Inc"

EFT:

BSB: 633000
Account: 110085354
Reference: [your surname & initials]