



**Cambridge
Repertory**

**CAMBRIDGE REPERTORY SOCIETY INC
ALPHA STREET
P O Box 374, CAMBRIDGE 3450
TELEPHONE: (07) 827 3145**

MEMBERSHIP APPLICATION 2018

Name:

DOB:

Address:

Email:

Mobile

Phone:

I enclose the membership fee of \$20 per person Yes

I have made payment online of \$20 per person Yes

Areas of interest (please indicate all that apply)

- | | | | | | |
|-----------|--------------------------|----------------------|--------------------------|------------|--------------------------|
| Acting | <input type="checkbox"/> | Stage Management | <input type="checkbox"/> | Hair | <input type="checkbox"/> |
| Singing | <input type="checkbox"/> | Production Secretary | <input type="checkbox"/> | Make Up | <input type="checkbox"/> |
| Dancing | <input type="checkbox"/> | Set Design/Build | <input type="checkbox"/> | Costumes | <input type="checkbox"/> |
| Directing | <input type="checkbox"/> | Front of House | <input type="checkbox"/> | Properties | <input type="checkbox"/> |
| Lighting | <input type="checkbox"/> | Special Effects | <input type="checkbox"/> | Stage Crew | <input type="checkbox"/> |
| Sound | <input type="checkbox"/> | | | | |

Other _____

Admin Use Only:

Date Paid _____ **Membership loaded** _____

Membership Card Sent _____

**Forms and Payment by cash/cheque with your membership form can be sent to:
Membership, Cambridge Repertory Society, PO Box 374, Cambridge 3434.**

Payment by Internet Banking to 02-0300-0205411-00

**Please use your name as the reference and send a confirmation email with
your membership form (if possible) to janetmcbg@gmail.com**