



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

MEMBERSHIP APPLICATION 2019

Name _____ DOB _____

Address _____

Phone _____ Mobile _____

Email _____

I enclose the membership fee of \$20 per person

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 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 to mail@cambridgerepertory.org.nz



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

MEMBERSHIP APPLICATION 2019

Name _____ DOB _____

Address _____

Phone _____ Mobile _____

Email _____

I enclose the membership fee of \$20 per person

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 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 to mai@cambridgerepertory.org.nz