



Membership Form

Name:

Address:

.....

Phone No:

Mobile:

Email:

Occupation:

Theatre Experience:

Interested in: Acting Design-props Costume Sound
Lighting Backstage FOH Directing

Subscription

Student Membership (16-20) \$10 Full Membership \$15

Please forward this completed form with payment or bank deposit reference to:

The Treasurer, Katikati Theatre Inc, 521 Kauri Point Road , Katikati 3170

Bank Account # 38 9010 0427674 00 Please use your name as the reference.

Received from:

Amount: Date:

Membership type: Full: Student:



Membership Form

Name:

Address:

.....

Phone No:

Mobile:

Email:

Occupation:

Theatre Experience:

Interested in: Acting Design-props Costume Sound
Lighting Backstage FOH Directing

Subscription

Student Membership (16-20) \$10 Full Membership \$15

Please forward this completed form with payment or bank deposit reference to:

The Treasurer, Katikati Theatre Inc, 521 Kauri Point Road , Katikati 3170

Bank Account # 38 9010 0427674 00 Please use your name as the reference.

Received from:

Amount: Date:

Membership type: Full: Student: