

# Membership Application/Renewal



## Contact Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

How would you prefer to receive your newsletter?  Email or  Post

I am becoming a member of Ignatians because:

- I am currently in a show: \_\_\_\_\_
- I am in the choir
- I have been a member for many years
- I found your website and decided to join
- Other: \_\_\_\_\_

## Interests and Experience

Please indicate your **previous experience** and which areas you are **currently interested** in:

	Previous Experience	Current Area of Interest
Performer	<input type="checkbox"/>	<input type="checkbox"/>
Stage Manager	<input type="checkbox"/>	<input type="checkbox"/>
Backstage Crew	<input type="checkbox"/>	<input type="checkbox"/>
Orchestra	<input type="checkbox"/>	<input type="checkbox"/>
Repetiteur	<input type="checkbox"/>	<input type="checkbox"/>
Front of House Manager	<input type="checkbox"/>	<input type="checkbox"/>
Front of House (ushering)	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>
PR	<input type="checkbox"/>	<input type="checkbox"/>
Director	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Director	<input type="checkbox"/>	<input type="checkbox"/>
Musical Director	<input type="checkbox"/>	<input type="checkbox"/>
Choreographer	<input type="checkbox"/>	<input type="checkbox"/>
Conductor	<input type="checkbox"/>	<input type="checkbox"/>
Set Design	<input type="checkbox"/>	<input type="checkbox"/>
Set Construction (building)	<input type="checkbox"/>	<input type="checkbox"/>
Set Painting	<input type="checkbox"/>	<input type="checkbox"/>
Costume Design	<input type="checkbox"/>	<input type="checkbox"/>
Costume Construction (sewing)	<input type="checkbox"/>	<input type="checkbox"/>
Lighting Design	<input type="checkbox"/>	<input type="checkbox"/>
Lighting Operation	<input type="checkbox"/>	<input type="checkbox"/>
Sound	<input type="checkbox"/>	<input type="checkbox"/>
Puppetry	<input type="checkbox"/>	<input type="checkbox"/>
Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>
Desktop Publishing	<input type="checkbox"/>	<input type="checkbox"/>
Editing	<input type="checkbox"/>	<input type="checkbox"/>
Website Updating & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Office Duties (mail outs, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Working Bees	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising Activities	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

## Additional Skills

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Do you have any **formal qualifications** relevant to theatre (eg AMEB, RAD, Tertiary etc)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any **skills/talents** that may be useful in a production.

EG: carpentry, artistic painter, accounting, public relations, sewing, music teacher, hairdresser, make-up artist etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Annual Membership Fees

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- Student/Pensioner** (\$20.00)
- Ordinary** Membership (\$30.00)
- Family** Membership (\$50.00) 2 adults, 2 children
- Are you also paying a production fee? How much?** \_\_\_\_\_

## Method of Payment

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- Direct Deposit** **BSB: 484-799 Account Number: 003373092 Account Name: The Ignatians Inc**  
Please include YOUR FULL NAME as Item Description  
**NOTE: Once deposit has been made, please post this form to the address below or email to [info@ignatians.com.au](mailto:info@ignatians.com.au) to ensure we have your correct details.**

- Cash** (if paying in person only)
- Cheque** (made payable to The Ignatians Inc)
- Please charge my **Credit Card** the amount of \$ \_\_\_\_\_
  - Mastercard
  - Visa

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Cardholder's Name: \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**POSTAL ADDRESS:** The Ignatians Inc, PO Box 517, TOOWONG Q 4066

## Declaration

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I agree to be bound by the constitution of The Ignatians Inc.

(If you would like to read this document, a copy will be made available for perusal upon your request.)

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### OFFICE USE ONLY

*Proposed By:* \_\_\_\_\_ *Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Seconded By:* \_\_\_\_\_ *Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Date of Approval:* \_\_\_\_\_

*Date Processed:* \_\_\_\_\_