



MUSICAL THEATRE DUNEDIN INC.

PERFORMING MEMBERSHIP APPLICATION

MEMBERSHIP DETAILS

First Name / Surname _____

Address _____

_____ Post Code _____

Home Phone		Mobile Phone	
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E-Mail Address _____

INTERESTS

I am interested in being involved in the following area(s):

Production

Onstage Management Director Musical Director Choreographer Repititeur

Backstage

Set Design/Construction Props Crew Sound Lighting Follow Spot

Wardrobe

Design Sewing Dressing Make-Up Hair/Wig Styling

Front of House

Programme Selling Publicity Usher Hospitality Waiting Tables Table Setting

Other _____

NEWSLETTER

I wish to receive my newsletter by post, addressed to the mailing address shown above

I wish to receive my newsletter by e-mail, addressed to the e-mail address shown above

PAYMENT

Please find enclosed my cheque for \$25.00

Receipt required

Yes / No

Send this form with payment to:
Musical Theatre Dunedin, PO Box 1203, Dunedin 9054