



APPLICATION FOR MEMBERSHIP
OF
GLENBROOK PLAYERS INC

(incorporated under the Associations Incorporation Act, 2009)

Name:

Address:

Email:

Phone:

Home: _____ Mobile _____

Experience and/or Interest

Acting – Directing – Stage Management – Props – Costumes – Sets – Lighting – Sound

Promotions – Front of House – Catering – Admin

Please delete those areas which do not apply

Brief Details:

I agree that my contact details will be made available to other Glenbrook Players members.

Signature of Applicant: _____

Date: _____

Payment Details

Payment by Credit Card -- Cheque -- Cash (Payment in person only)

Name on Card			
Card Number			
MasterCard / Visa		Expiry Date	___ / ___
Amount	\$	Date	
Card Holder Signature			

Form and payment by cheque or credit card should be posted to PO Box 13, Blaxland NSW 2774