



2025/2026 Membership Form School Holiday Production

PERSONAL DETAILS

Name			
Address			
City		Post Code	
Date of Birth		Pronouns	
Contact Number		Year at School	
Email			

PARENT/GUARDIAN DETAILS

Name			
Address (if different to Child)			
City			
Contact Number		Relationship to Child	
Email			

SECONDARY EMERGENCY CONTACT DETAILS

Name		Contact Number	
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<input type="checkbox"/>	Acting	<input type="checkbox"/>	Set Construction/Design	<input type="checkbox"/>	Singing	<input type="checkbox"/>	Makeup/Hair
<input type="checkbox"/>	Backstage	<input type="checkbox"/>	Lighting Design/Operation	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Costume/Wardrobe

At NSTI, we encourage all members to participate in all facets of Theatrical Performance. Please indicate where your interests lie. Parents/Guardian's please indicate as well.

MEDICAL DETAILS

Medical Conditions/Allergies Disabilities/Special Needs			
Ambulance Subscription	YES / NO	Health Insurance	YES / NO

☐ I acknowledge that, in the event an ambulance is required for my child, I accept financial responsibility for any expenses incurred.

MEDIA RELEASE

I authorise Numurkah Singers Theatre Inc (NSTI) to use and publish my photographs or other media for promotional, educational and informational purposes. These may appear in NSTI publications such as production programs, newsletters, advertising, newspaper articles and on NSTI's website and social media platforms, including Facebook and Instagram.
YES / NO

COSTS

The cost of the program (including membership) is \$100.

If a yearly membership has already been paid, it will be deducted from the cost.

PRIVACY & SECURITY STATEMENT

☐ I acknowledge and consent to the collection of my data and its use for official communications from NSTI.

☐ I acknowledge and consent to the disclosure my personal details to authorised agencies as directed or required by government regulation.

☐ I acknowledge receiving, reading, and understanding my obligations under the NSTI Code of Conduct and the NSTI Child Safety Code of Conduct.

Cast

Signature and Date

	___/___/___
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Parent/Guardian

Signature and Date

	___/___/___
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Payment Details Bank: Bendigo Bank Account Name: Numurkah Singers Theatre Inc. BSB: 633000 Account No: 142196831 Use Name as the Payment Reference	Numurkah Singers Theatre Incorporated 52 Quinn Street, Numurkah Mailing Address PO Box 5, Numurkah, 3636 Email: numurkahsingersinc@gmail.com
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Office Use Only

<input type="checkbox"/> Payment Received	<input type="checkbox"/> Payment Date ___/___/___	
<input type="checkbox"/> Approved by Committee	<input type="checkbox"/> Date Accepted ___/___/___	<input type="checkbox"/> Details Scanned and saved