MEMBERSHIP APPLICATION

NUMURKAH SINGERS THEATRE INCORPORATED. EST 1963

PERSONAL DETAILS

Full Name			Preferred Name			
Date of Birth		Occupation				
Email Address						
Address						
City			State		Postcode	
Phone/Mobile			Pronouns			

FAMILY MEMBERSHIP (Please complete the following section for Family Memberships)

Please note: A family membership consists of up to 2 adults and any dependent children under the age of 18)

2nd Adult

Full Name	Preferred Name	Pronouns	Occupation	DOB	Mobile

Dependent Children

Full Name	Preferred Name	Pronouns	DOB	Mobile

MEDICAL DETAILS

Are there any medical conditions we should be aware of (e.g. Asthma, Anaphylaxis, Epilepsy)

Medical Condition		
Require Medical Treatment ☐ Yes ☐ No	If Yes, Please Specify	
☐ I give permission for medical attention to be sought in case of emergency and accept full financial responsibility.		

Emergency Contact 1			
Phone/Mobile		Relationship to Member	
Emergency Contact 2			
Phone/Mobile		Relationship to Member	

THEATRE INTEREST

We at Numurkah Singers Theatre Inc encourage all our members to participate in all facets of Theatrical Performance. Please indicate where your interests lie.

☐	Backstage	☐	Set Construction/Design	☐	Singing	☐	Makeup/Hair
☐	Acting	☐	Lighting Design/Operation	☐	Dancing	☐	Costume/Wardrobe

MEMBERSHIP TYPE (Please tick the appropriate box)

☐	Family ($70)	☐	Adult ($45)	☐	Student/Concession ($25)	☐	Associate Member ($10)

ARE YOU? (Please tick the appropriate box)

☐	New Member	☐	Renewing

WORKING WITH CHILDREN CHECK

Mandatory for everyone aged 18+ (Please tick the appropriate box)

☐	Working with Children Check	☐	Victorian Institute of Teaching	☐	Police Officer
Registration Number / Card Number:					
☐	In the process of obtaining.				

2nd Adult (Family Membership only)

☐	Working with Children Check	☐	Victorian Institute of Teaching	☐	Police Officer
Registration Number / Card Number:					
☐	In the process of obtaining.				

PRIVACY STATEMENT

☐ I acknowledge and consent to my data being collected and using my details for NSTI communications.

☐ I acknowledge and consent to my details being given to authorised agencies as directed by government regulations.

☐ I acknowledge that I must have or be in the process of obtaining a Working with Children Check or equivalent and have provided a copy.

☐ I acknowledge that I must show any concession cards as proof for a concession membership.

☐ I acknowledge that I have received, read, and understood my obligations under the NSTI Code of Conduct

☐ I acknowledge that I am obliged to disclose any criminal convictions which may affect my capacity to participate in NSTI activities.

☐ I understand that my failure to disclose criminal convictions may result in the rejection of my membership application or disciplinary action against me under the Rules and Regulations.

Signature_____ Date__/__/___

Parent/Guardian/2nd Adult Signature_____ Date__/__/___

(If membership is for a child under 18 years of age or a Family Membership)

Membership Payment Details

Bank: Bendigo Bank Account Name: Numurkah Singers Theatre Inc BSB: 633 000 Account Number: 142 196 831 Use your name as the Payment Reference Example John Smith reference would be JSmith		
☐	Payment Made	Date ___/___/____

Payment is required within 7 days of membership submission

Office Use Only

☐ Working with Children Check on File ☐ Code of Conduct Supplied ☐ Payment Received

☐ Approved by Committee ☐ Date Accepted ___/___/____ ☐ Details Scanned and saved to Google Drive

Reviewed and adopted September 2025