



Membership Application

PERSONAL DETAILS

Name				
Address				
City		Postcode		
Date Of Birth		Pronouns		
Contact Number		Occupation		
Email				
Emergency Contact				
Contact Number		Relationship to Member		
Preferred Contact	<input type="checkbox"/> Facebook	<input type="checkbox"/> Email	<input type="checkbox"/> SMS	<input type="checkbox"/> Phone Direct

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

Name	Occupation	DOB	Mobile

THEATRE INTEREST

<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.

MEDICAL DETAILS

Medical Conditions/Allergies			
Ambulance Subscription	YES/NO	Health Insurance	YES/NO

Should an ambulance be necessary for myself or my child, I acknowledge my financial responsibility for any related expenses.

MEDIA RELEASE

I hereby give permission to Numurkah Singers Theatre Inc. (NSTI) to use and print my photographs or any other media for promotional, educational, and informational purposes. These images may be used for NSTI publications, including production programs, newsletters, newspaper articles, advertising materials, and on NSTI's Facebook and Instagram pages.

YES/NO

WORKING WITH CHILDREN CHECK (Please tick the appropriate box)

<input type="checkbox"/>	Working with Children Check	<input type="checkbox"/>	Victorian Institute of Teaching	<input type="checkbox"/>	Police Officer
Registration Number / Card Number: -					
<input type="checkbox"/>	In the process of obtaining.				

MEMBERSHIP TYPE (Please tick the appropriate box)

<input type="checkbox"/>	Family \$70	<input type="checkbox"/>	Adult \$45	<input type="checkbox"/>	Student/Concession \$25	<input type="checkbox"/>	Associate Member \$10
ARE YOU? (Please tick the box)		<input type="checkbox"/> New Member		<input type="checkbox"/> Renewing			

PRIVACY & Security Statement

- ☐ I acknowledge and consent to my data being collected, and my details being used for NSTI communications.
- ☐ I acknowledge and consent to my details being given to authorised agencies as directed by the government.
- ☐ I acknowledge that I must have or be in the process of obtaining a Working with Children Check or equivalent.
- ☐ 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 that 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 and Date

	__/__/__
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Parent/Guardian Signature
Date

	__/__/__
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Office Use Only

- | | | |
|--|---|--|
| <input type="checkbox"/> Working with Children Check on File | <input type="checkbox"/> Code of Conduct Supplied | <input type="checkbox"/> Payment Received |
| <input type="checkbox"/> Approved by Committee | <input type="checkbox"/> Date Accepted __/__/__ | <input type="checkbox"/> Details Scanned and saved |

Numurkah Singers Theatre Incorporated
52 Quinn Street, Numurkah, 3636
Mailing Address - PO Box 5, Numurkah,
3636

Email: numurkahsingersinc@gmail.com

<input type="checkbox"/>	Payment Made	Date	__/__/__
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Membership Payment Details

Bank: - Bendigo Bank

Account Name: - Numurkah Singers Theatre Inc.

BSB: - 633000

Number: - 142196831

Use your name as the Payment Reference

Example John Smith reference would be JSmith