MEMBERSHIP APPLICATION

(\$70)



PERSONAL DETAIL	S					INCORPO	RATED. EST 1963		
Name			Occ						
			n		MOBINO	ALISTO.			
Date of Birth		Email Address							
Address			LEFE DE		e planting a la la propose propose propose principal de	where we were the			
City			Stat	State			od		
Phone/Mobile			Pro	Pronouns					
AMILY MEMBERSH	HIP (F	Please complete t	the follo	wing se	ection for Fa	mily M	emberships)		
Please note: A family membe Name		chip consists of up to Occupation	2 adults	adults and any depend DOB		dent children under the age of 18) Mobile			
bas inscribe to Xedia		a Worldne with Critic	primaide	to acera	one and most re	great ca	report to an appropriate to		
45	nie al Cri	поти поченостью в то	eloner es	winters of	osiaseneo yns	Medical Co			
1.000/1 00/10 800	W 11 51	4 GOV 1907AL BOX DESCRIPTION	OKS PER BOX	BB 1912/14	1000 (0000) (0000) (0000)	180.81.51	KG PLY (2007) 151 (2007) (17		
							8.		
		area talana	A pro ea		ethnu on tunis	98 nost.			
are there any medical co	ondition	ns we should be awa	re of (e.g.	. Asthma	a, Anaphylaxis	, Epileps	sy)		
re there any medical co Medical Condition Require Medical Treatment□ Yes	ondition	If Yes, Please Specify	re of (e.g.	. Asthma	sent the 10 years of agr	nos. Sebes i	Sy)		
re there any medical co Medical Condition Require Medical Treatment Yes No	eis	If Yes, Please		aggilitari samanlari	Service Toward of age Sheek	enna?			
re there any medical commedical Condition Require Medical Treatment Yes No I give permission for responsibility.	or med	If Yes, Please Specify		aggilitari samanlari	Service Toward of age Sheek	enna?			
re there any medical commedical Condition Require Medical Treatment Yes No I give permission for responsibility. Emergency Contact	or med	If Yes, Please Specify	ought in c	ase of e	emergency and	enna?			
re there any medical commedical Condition Require Medical Treatment Yes No I give permission for responsibility. Emergency Contact Phone/Mobile	or med	If Yes, Please Specify	ought in c	ase of e	emergency and	enna?			
MEDICAL DETAILS Are there any medical co Medical Condition Require Medical Treatment□ Yes No □ I give permission for responsibility. Emergency Contact Phone/Mobile Emergency Contact Phone/Mobile	or med	If Yes, Please Specify	Re Me	ase of e	emergency and	enna?			
re there any medical commedical Condition Require Medical Treatment Yes No I give permission for responsibility. Emergency Contact Phone/Mobile Emergency Contact	or med	If Yes, Please Specify	Re Me	ase of e	emergency and	enna?			
re there any medical commedical Condition Require Medical Treatment Yes No I give permission for responsibility. Emergency Contact Phone/Mobile Emergency Contact Phone/Mobile	or med	If Yes, Please Specify lical attention to be settled to the settl	Re Me Re Me	ase of e	emergency and hip to	l accept	full financial		
re there any medical commedical Condition Require Medical Treatment Yes No I give permission for responsibility. Emergency Contact Phone/Mobile Emergency Contact Phone/Mobile THEATRE INTERES We at Numurkah Singers Please indicate where yes	or med	If Yes, Please Specify lical attention to be settle licentering allerests lie.	Re Me	ase of e	emergency and hip to hip to	l accept	full financial of Theatrical Perform		
re there any medical condition Require Medical Treatment□ Yes No □ I give permission for responsibility. Emergency Contact Phone/Mobile Emergency Contact	or med	If Yes, Please Specify lical attention to be settled to the settl	Re Me	ase of e	emergency and hip to	l accept	full financial		

(\$25)

(\$10)

ARE YOU? (Please tick the appropriate	e box)						
New Member			Renewing	a GIH	REMBERS		
SINGERS THEATRE							
WORKING WITH CHILDREN CHECK							
Mandatory for everyone aged 18+ (Please	tick the ap	pro	priate box)	e ingelie e television de la recondencia	dbiS to ale		
☐ Working with Children Check	☐ Victorian Institute of				Police		
Registration Number / Card Number:	Tea	ich	ing	Officer			
TOUGHOU II	618	<u> </u>			<u> </u>		
In the process of obtaining.	- encon	71		erica - carrieran e esperan	- Louis Albarro		
PRIVACY STATEMENT I acknowledge and consent to my data being lacknowledge and consent to my details being regulations. I acknowledge that I must have or be in the phave provided a copy. I acknowledge that I must show any concess lacknowledge that I have received, read, and I acknowledge that I have received, read, and I acknowledge that I am obliged to disclose a NSTI activities. I understand that my failure to disclose crimi application or disciplinary action against me undesignature	ing given to process of o sion cards a nd understoo any criminal anal conviction der the Rule	autobta as p od r l co	thorised agencies as during a Working with Coroof for a concession ray obligations under the nyictions which may at may result in the reject	irected by good the control of the c	government eck or equivalent and o. de of Conduct pacity to participate in		
hanses afresteines A			In onesse ad Mirada to				
Parent/Guardian Signature			tangan melalah keranjan permanan penganjah bahan salah di menanggi k	Date_	<u></u>		
(If membership is for a child under 18 years of a	age)				equire Medical		
Membership Payment Details							
Bank: Bendigo Bank							
Account Name: Numurkah Singers The	eatre						
Inc	me to ease						
BSB: 633 000	to enterprise participation of the Colored Street C						
Account Number: 142 196 831	denoilale						
Use your name as the Payment Reference	nedmi						
Example John Smith reference would be JSmi	ith						
□ Payment Made Date/_	I terroman						
Payment is required within 7 days of membersh	nip submissi	ion					
racipate in all facets of The utilizal Performance	ed ox zradin	15/1	no lie spativone on				
Office Use Only ☐ Working with Children Check on File ☐ Cod ☐ Approved by Committee ☐ Dat Google Drive	de of Condu te Accepted	Sur Protesta	/_/ _{gnt/lgt.1} □		anned and saved to		
Reviewed and adopted September 2025					M. Sindozeka		