

MEMBERSHIP APPLICATION



PERSONAL DETAILS

Name			Occupation		
Date of Birth		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)

Name	Occupation	DOB	Mobile

MEDICAL DETAILS

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

Medical Condition			
Require Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Specify		
<input type="checkbox"/> 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.

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

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)
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ARE YOU? (Please tick the appropriate box)	
<input type="checkbox"/> New Member	<input type="checkbox"/> Renewing

WORKING WITH CHILDREN CHECK

Mandatory for everyone aged 18+ (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.		

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 Signature _____ Date ____/____/____

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

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	
<input type="checkbox"/> 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