

Ashburton Operatic Society Inc.

Variety **THEATRE** A S H B U R T O N

Membership Request

Name: _____

Age (if under 16) _____

Address: _____

Postcode: _____

Phone: (H) _____ (W) _____

(M) _____

E mail: _____

Membership type: (Please circle) Single \$15 / Couple \$20

I am interested in being involved in the following areas:

- | | | | | | |
|-------------------------------------|---------------------------------------|---|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Performing | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Set Building | <input type="checkbox"/> Lighting | <input type="checkbox"/> Sound | <input type="checkbox"/> Scenic Art |
| <input type="checkbox"/> Make up | <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Front of House | <input type="checkbox"/> Directing | <input type="checkbox"/> Musical Directing | <input type="checkbox"/> Choreography |
| <input type="checkbox"/> Orchestra | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Photography | <input type="checkbox"/> Committee | | |

Signed: (Parent / caregiver if under 16) _____

Membership is valid until the end of the current financial year, being 31 July, 2010

Please note—it is a condition of Music Theatre NZ that all performers in our shows be a current financial member of the Society.

Please send this form, along with your subscription fee to:

The Administrator, Variety Theatre Ashburton, 212 Wills Street, Ashburton 7700,
or drop into Robilliards Jewellers, or The Regent Cinema.