

ROCKHAMPTON LITTLE THEATRE INC

2024 MEMBERSHIP APPLICATION



rockhamptonlittletheatre@gmail.com; PO Box 519, Rockhampton 4700; Ph: 0466 074 688; ABN 43 703 377 812

Name (or Name of Minor):

Date of birth: Gender:

Email Address:

Address:

Phone contact numbers:

Home Work Mobile

Emergency contact:

Name Mobile

AVAILABILITY (please indicate all areas of interest):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Directing | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Front of House |
| <input type="checkbox"/> Sound/Lighting | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Props/Costumes | <input type="checkbox"/> Publicity |

The information provided above is for internal Club use only and enables Rockhampton Little Theatre to provide you, the member, with the various services of the Club. Please remember to update your personal details by emailing rockhamptonlittletheatre@gmail.com as they change.

I hereby apply for membership of Rockhampton Little Theatre (RLT) and agree to be bound by the Rules of Rockhampton Little Theatre Inc. which are available on the website www.rockhamptonlittletheatre.org.au and abide by any codes of conduct or policies as may be promulgated by Rockhampton Little Theatre from time to time.

I, or I, as parent/guardian of the abovenamed minor, consent to the use or reproduction by the Rockhampton Little Theatre Inc. or its agents of photographs, audio or visual recordings of me/this child for the purposes of advertising, media publicity, publication, web display, general display or for any other purposes in whole or in part. I waive any interest that I may have in the copyright to the photograph(s), audio or visual recordings now or at any future time and state that I do not, or the child does not, expect to receive any payment or consideration in respect of them. I release the Rockhampton Little Theatre Inc., its employees and agents from any liability (including consequential loss) connected with the publication, reproduction, release or other use of these materials.

Signature of Applicant OR

Full Name and Signature

of Parent/Guardian

	Date:
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ANNUAL FEES*: \$30 adult \$20 junior (under 18)

You can print, sign and email this form to rockhamptonlittletheatre@gmail.com and pay your annual membership fee via direct deposit into RLT's account: **BSB – 633000; Account number – 140323692** (please use surname as the reference); or hand it to any RLT Committee member to be processed.