



The Torbay Dramatic Society Incorporated  
*Performing as Torbay Theatre*

Gate Theatre, Torbay Community Hall  
 35 Watea Road, Torbay, Auckland 0630

PO Box 35259, Browns Bay, Auckland 0753

torbaytheatre@gmail.com  
 www.torbaytheatre.com

## MEMBERSHIP APPLICATION

Please complete this form and return with payment to the above address

### PERSONAL INFORMATION:

Title: (Circle) Mr / Mrs / Miss / Ms / Dr / Prof / \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Given Names: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax (if available): \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: (Optional) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (if under 18)

### ACTIVITIES:

Please let us know which of the following activities are of interest to you. We will use this information to identify members who may wish to help in certain areas.

#### PERFORMING:

Acting  
 Dancing  
 Singing  
 Musician

#### PRODUCTION CREW:

Lighting  
 Sound  
 Prompt  
 Wardrobe  
 Hair/Makeup  
 Set Construction  
 Artist  
 Stage Crew/Hand  
 Props

#### OTHER ROLES:

Front of House  
 Bar  
 Publicity  
 Design  
 Committee  
 Other (please state): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### PRODUCTION CREW:

Directing  
 Production Manager  
 Stage Manager

### MEMBERSHIP TYPE & SUBSCRIPTION DETAILS:

#### MEMBERSHIP TYPE: (Please Tick)

Child/Student \$5.00  
(ID required if older than 18 years)  
 Single Adult \$10.00  
 Senior Citizen \$5.00  
 Couple \$15.00  
 Family \$20.00  
(All family members including children, please tick family)

#### PAYMENT METHOD: (Please Tick)

Cash  
 Cheque  
 Direct Credit  
 PayPal

For full details see [torbaytheatre.com/join](http://torbaytheatre.com/join)  
 Please make cheques payable to Torbay Dramatic Society Inc.

#### OFFICE USE ONLY:

Amount: \$ \_\_\_\_\_  
 Receipt#: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Payment ID: \_\_\_\_\_  
 Member ID: \_\_\_\_\_  
 Sub ID: \_\_\_\_\_

### DECLARATION:

Please read and Sign Below:

I give my consent for the information on this form to be used in the administration and running of Torbay Theatre.

Please send me a copy of Torbay Theatre's Constitution upon acceptance of my application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_