

MEMBERSHIP FORM 2024

Or join online at www.clt.org.au/membership

Name:					Office Use Only
Residential Address:					Receipt No.
Address for Rave Reviews: E-Mail:					Date Paid:
Phone:	Home	2	Work	Mobile	
Date of Birth:			Signature		Cash Cheque EFTPOS
MEMBERSHIP – January 1 to December 31 (Please tick one only)					
Adult:	\bigcirc	\$35.00	Student / C	oncession:	\$25.00
Donation:	\$		PAYMENT ATTACHED Membership + Donation (if any)		\$
WARDROBE ROSTER NOTE Members are asked to assist with COSTUME HIRE for one fortnight (ie two consecutive Wednesday nights) during the year. Currently about every six months. The Theatre appreciates your help in assisting in this income producing activity. Can you do wardrobe duty? YES					
RETURN THIS FORM WITH PAYMENT TO THE TREASURER You must be a member of the Theatre before performing in, or working on a CLT production. Members are covered by the CLT's Voluntary Workers insurance, enabling them to be involved in productions. The CLT is an incorporated association limited by member's fees. If you leave the CLT it is necessary to resign in writing to terminate your liability with the association.					