

MEMBERSHIP APPLICATION FORM (Please PRINT all information clearly)

I wish to apply for membership of the Torquay Theatre Troupe Inc, and, as a member, agree to be bound by the rules of the Association of TTT Inc.

NAME	:			
ADDRI	ESS:			
PHONE:			DATE:	
SIGNA	TURE OF APPLICANT:			
	e indicate areas of interest for your act put E for experience and/or I for interest.	ivities	with TTT:	
E/I	Activity	E/I	Activity	
	Acting		Lighting Design / Operator	
	Assist Stage Manager Backstage		Publicity / Promotion	
	Audio Design / Operator		Properties / Set Dressing	
	Committee / Sub-Committee		Photography	
	Costume Design / Costume making		Set (design / building)	
	Directing		Set Painting	
	Front of House / Bar		Stage Management	
	General Maintenance Tasks		Wordpress Web Management	
·	ou have a skill or trade which you can do			
Payment: Cheque: Payable to Torquay Theatre Troupe Post to: Membership. TTT. PO Box 31 Torquay 3228		EFT: Bendigo Bank BSB 633108 ACC # 154204663 ACC Name: Torquay Theatre Troupe Inc Reference: Member + your name		
Please	scan/photograph this form and email to t	reasur	er@ttt.org.au	
OFFIC	E USE ONLY			
Full (F) or Half year (H) Start dat		te of ı	e of membership:	
Membership Number: Receipt N		No		