



# Kucom Theatre Inc.

P.O. Box 1130, MACKAY QLD 4740

ABN: 27 691 742 387

Web: <http://www.kucom.org.au>

Email: [kucomtheatre.mackay@gmail.com](mailto:kucomtheatre.mackay@gmail.com)

Ph: 0408 980 022

## Application for Membership 2019

I wish to make application for membership to join Kucom Theatre Inc. - 1<sup>st</sup> January to 31<sup>st</sup> December. (Select one of the following).

<input type="checkbox"/>	Active Member \$40 (involved in any capacity)	<input type="checkbox"/>	Discounted Family Member \$30
<input type="checkbox"/>	Supporting \$40 (willing to help)	<input type="checkbox"/>	Discounted Family Associate \$10
<input type="checkbox"/>	Associate \$15 (under 18 years of age)		

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ PH: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Tick if you have any of the following:

<input type="checkbox"/> Blue Card	<input type="checkbox"/> First Aid	<input type="checkbox"/> Workplace Health and Safety training	<input type="checkbox"/> Responsible Service of Alcohol
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Tick the boxes that you would like to be involved in (Tick as many boxes as you wish)

<input type="checkbox"/> Acting	<input type="checkbox"/> Set Design	<input type="checkbox"/> Advertising/P.R.	<input type="checkbox"/> Lighting/Sound
<input type="checkbox"/> Directing	<input type="checkbox"/> Set Construction	<input type="checkbox"/> Front of House	<input type="checkbox"/> Bar
<input type="checkbox"/> Assistant Director	<input type="checkbox"/> Costumes	<input type="checkbox"/> Make-up/Hairdressing	<input type="checkbox"/> General Admin.

<input type="checkbox"/>	I would like to be informed of volunteer or paid work if it comes available at short notice
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## Payment:

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Cheque made payable to <b>Kucom Theatre Inc.</b>
<input type="checkbox"/>	Direct Debit: BSB 484 799, Account 203823067 Name: <b>Kucom Theatre Incorporated</b> (please include your <i>surname as the reference</i> )

**SIGNED:**

**DATE:**     /     /20