



# Rocky Hill Musical Theatre Company

## Membership Form

Name: ..... D.O.B...../...../.....

Residential Address: .....

Postal Address: .....

Phone: Home: ..... Work: ..... Mobile: .....

Email Address: .....

**CATEGORIES OF MEMBERSHIP:**

- Junior Member (5-17yrs) \$15.00
- Adult Member (18+yrs) \$30.00
- Student Member \$15.00 - available to full time students only, proof of student ID required
- Honorary Member \$2.00 - subject to committee approval
- Family Membership +\$75.00 on application to committee

Membership is valid for financial year and becomes renewable at 1<sup>st</sup> July each year.

Direct Debit:	<p style="text-align: center;"><b>BSB: 012635</b> <b>ACCT: 222199625</b> <b>PAYMENT REF: MEMBER NAME</b></p> <p>*Please write your full name in the payment description so we can process your application correctly and promptly *Complete membership application form and email to: <a href="mailto:rockyhillmtc@gmail.com">rockyhillmtc@gmail.com</a> ATTN: Membership Secretary in the subject line *Include with direct debit transaction number or proof of funds transfer receipt</p>
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By Mail:	<p>Post completed membership application form, along with cheque to: <b>The Membership Secretary</b> <b>Rocky Hill Musical Theatre Company</b> <b>PO Box 6163</b> <b>GOULBURN NORTH NSW 2580</b></p>
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First Aid Certificate	Yes / No (please circle)	Level obtained:	Expiry Date:
White Card	Yes / No (please circle)	Card #:	Expiry Date:
WH&S Certificate	Yes / No (please circle)	Level obtained#:	Expiry Date:
Working With Children check	Yes / No (please circle)	WWC Verification #:	Expiry Date:

<b>OFFICE USE ONLY</b>		
<b><u>Date Paid:</u></b>	<b><u>Amount</u></b>	<b><u>Valid Until:</u></b>

# CONDITIONS OF MEMBERSHIP

The overriding authority of the Company is the member elected Committee. The Committee appoints Producer and Director for each production and it is implicit that their direction is taken.

The decisions of the Casting Committee are final.

Costumes and properties remain the property of the Company. It is expected that all care is taken and items are returned promptly and in reasonable and clean condition at the end of each production.

Members, while involved in Company business, will conduct themselves in a responsible manner.

Parents will countersign membership applications of minors, taking Conditions of Membership into consideration.

Membership of the Company is contingent upon payment of an annual membership fee, which covers non-production administrative expenses, such as insurance.

The Company's annual fees may increase from time to time at the direction of a general meeting.

A general meeting can be called by the members at any time.

The Company appoints members to form an executive Committee. Non-committee members are invited to committee meetings but are unable to vote.

Matters of concern, which come to the attention of the members, should be directed to the Committee.

It is expected that once committed to a role in a production, all requirements will be fulfilled including attendance at all rehearsals. If three rehearsals are missed without notifying the production team then the member may be replaced in that role.

Any person over the age of 18 is required to have a volunteer Working With Children Check.

## **Applicant Declaration:**

I hereby apply for membership of the Rocky Hill Musical Theatre Company Inc. and I have read and agree to the Conditions of Membership.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **If Under 18—Parent / Guardian Consent:**

I consent to my child's / ward's Application for Membership of Rocky Hill Musical Theatre Company Inc. and I have read and agree to the Conditions of Membership.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Emergency Contact:**

In case of emergency contact:

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

**Phone:** \_\_\_\_\_