



Established 1932

# The Garrick Theatre Club Inc.

16 Meadow Street, Guildford, Western Australia, 6055  
PO Box 122, Guildford, Western Australia, 6935  
Telephone: (08) 9377 3358 (Theatre), 0406 231 145 (Bookings)  
[www.garricktheatre.asn.au](http://www.garricktheatre.asn.au)

## 2023 MEMBERSHIP APPLICATION

**NEW APPLICATION** ☐ (Requires nomination by current financial member) **OR** **RENEWAL ADVICE** ☐

**TYPE OF MEMBERSHIP:** ORDINARY: SINGLE \$25 ☐ **OR** DOUBLE \$40 ☐  
(see over for details) JUNIOR (under 18) \$10 ☐ \*STUDENT (over 18) \$10 ☐ #PRODUCTION \$10 ☐  
TAG COURSE FEE \$20 (additional to relevant membership subscription) ☐  
*(Fees must be paid before application can be processed - see over for methods of payment)*

SURNAME: .....

GIVEN NAME: .....

POSTAL or RESIDENTIAL ADDRESS: (No. and Street) .....

SUBURB: .....Post Code .....

HOME PHONE: ..... **PREFERRED CONTACT ADDRESS: - Postal** ☐ **Email** ☐ (Tick one box)

MOBILE: .....BIRTHDATE: (if under 18) / /

EMAIL: .....

### \*STUDENT MEMBERSHIP ONLY

Student Number: .....Tertiary Institution: ..... Student ID sighted ☐

### #PRODUCTION MEMBERSHIP ONLY

Production: .....

**If you wish to be actively involved in the activities of the Club, please complete the following section. If not please continue to the Declaration and sign.**

I would like to assist in the following areas: (Please tick)

ACTING _____ <input type="checkbox"/>	DIRECTING _____ <input type="checkbox"/>	SET CONSTRUCTION _____ <input type="checkbox"/>
LIGHTING/SOUND _____ <input type="checkbox"/>	MUSICIAN _____ <input type="checkbox"/>	WARDROBE (dressmaking) _____ <input type="checkbox"/>
VOCAL _____ <input type="checkbox"/>	FRONT OF HOUSE _____ <input type="checkbox"/>	STAGE MANAGEMENT _____ <input type="checkbox"/>
PUBLICITY/NEWSL'R _____ <input type="checkbox"/>	BACK STAGE _____ <input type="checkbox"/>	BAR (over 18) _____ <input type="checkbox"/>
OTHER _____		

**AGE GROUP:** (Under 18) .....(18-21).....(21-30).....(31-40) .....(40-50)..... (51+).....

**HOW DID YOU HEAR ABOUT GARRICK THEATRE?** .....

**DECLARATION:**

- 1) If elected to be a member of the Garrick Theatre Club, I agree to abide by the Constitution and Rules of the club. - View Constitution at <https://www.garricktheatre.asn.au/constitution>
- 2) I understand that my name and contact address will be included on the Club's Register of Members which is required by law to be made available for inspection by other members.
- 3) I agree to abide by the Club's Code of Conduct - View at <https://www.garricktheatre.asn.au/code>

**APPLICANTS SIGNATURE:** ..... **NOMINATED BY: (Name):**.....

**DATE:** ..... **(& Signature)** .....

### OFFICE USE ONLY:

DUES PAID \$ \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBERSHIP NUMBER: \_\_\_\_\_

PRODUCTION MEMBER: From \_\_\_\_\_ To \_\_\_\_\_

### PLEASE FORWARD TO:

The Membership Registrar  
Garrick Theatre Club (Inc)

PO Box 122

Guildford WA 6935

[treasury@garricktheatre.asn.au](mailto:treasury@garricktheatre.asn.au)