

# MEMBER APPLICATION FORM 2019



*Office use Only*

Membership Number:

PO Box 9056, Wynnum Plaza. 4178

Ph: 0403 735 383

eMail: mercurywynnum@gmail.com

Date:

First Name

Family Name

## ADDRESS

Street

Suburb

State

Post Code

Mobile

Home Phone:

Email:

## POSTAL ADDRESS (if different from above)

Street

Suburb

State

Post Code

## MEMBERSHIP TYPE

- |                          |                 |         |  |
|--------------------------|-----------------|---------|--|
| <input type="checkbox"/> | Full Member     | \$30.00 | Full voting rights                     |
| <input type="checkbox"/> | Concession Memk | \$25.00 | Must show Seniors cards to be Eligible |
| <input type="checkbox"/> | Family Member   | \$55.00 | 2 Adults                               |
| <input type="checkbox"/> | Social Member   | \$20.00 | No Voting rights.                      |

## EMERGENCY CONTACT (required for all actors and volunteers)

Name

Mobile

Home Phone:

Relationship

## Family Membership. Other names on membership

First Name

Family Name

Applicants Signature

On signing this application I accept that I am bound by the terms of Mercury Theatre Wynnum Inc. constitution which I have been advised is available on request.