



## MEMBERSHIP FORM

**Name:** Mr/Mrs/Ms/Miss \_\_\_\_\_  
(full name)

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

**Email Address:** \_\_\_\_\_

**Phone no:** W: \_\_\_\_\_ H: \_\_\_\_\_ M: \_\_\_\_\_

**Date of birth (optional)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Age range:** (please tick)  under 5  18-25  46-55  
 6-12  25-35  56-65  
 13-17  36-45  Over 65

**Areas of interest (please tick):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> directing             | <input type="checkbox"/> production management      | <input type="checkbox"/> stage management            |
| <input type="checkbox"/> musical directing     | <input type="checkbox"/> choreography               | <input type="checkbox"/> répétiteur                  |
| <input type="checkbox"/> acting/singing        | <input type="checkbox"/> front-of-house             | <input type="checkbox"/> backstage crew              |
| <input type="checkbox"/> costume design        | <input type="checkbox"/> props                      | <input type="checkbox"/> lighting design/operation   |
| <input type="checkbox"/> costume sewing        | <input type="checkbox"/> orchestra/instrumental     | <input type="checkbox"/> sound design/operation      |
| <input type="checkbox"/> set design            | <input type="checkbox"/> make-up                    | <input type="checkbox"/> arranging social activities |
| <input type="checkbox"/> set building/painting | <input type="checkbox"/> hairdressing               | <input type="checkbox"/> poster distribution         |
| <input type="checkbox"/> publicity             | <input type="checkbox"/> participation in workshops | <input type="checkbox"/> advertising/poster design   |

**I also have the following skills and experience which I would like to offer to Phoenix Players:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Membership entitles you to ticket price concessions, discounts at Belconnen Stationery, Instant Colour Press and Southern Cross Health Club as well as regular issues of the Spotlight Newsletter.**

Membership fee enclosed:  full membership \$20  
 concession membership \$15  
 family membership \$35  
(please fill in one form for each family member)

I also enclose a donation of \_\_\_\_\_ \$  
**Total** \_\_\_\_\_ \$

**Please send to: Membership Secretary  
Phoenix Players Inc.  
PO Box 51  
Belconnen ACT 2616**