



APPLICATION FOR / RENEWAL OF MEMBERSHIP

Please Write Clearly

Name(s)		
<i>For double membership please list names and contact information for both members</i>		
Address		
Postcode		
Telephone Number(s)		
Email(s)		
Membership Type: Single Membership \$15.00 <input type="checkbox"/> Double membership \$20.00 <input type="checkbox"/>		
Please indicate areas of interest for your activity with WLT		
Acting <input type="checkbox"/>	Front of House <input type="checkbox"/>	Set Painting <input type="checkbox"/>
Audio Design <input type="checkbox"/>	General Backstage <input type="checkbox"/>	Set Construction <input type="checkbox"/>
Directing <input type="checkbox"/>	Lighting Design <input type="checkbox"/>	Stage Management <input type="checkbox"/>
Costume Design <input type="checkbox"/>	Properties/Set Dressing <input type="checkbox"/>	Other <input type="checkbox"/>
Costume Making <input type="checkbox"/>	Set Design <input type="checkbox"/>
Do you have a trade or skill that you can offer in support of WLT? Please describe:		
Payment		
Cheque	EFT	
Payable to Williamstown Little Theatre	BSB: 013 456	
Please post to: Membership	Account Number: 313156786	
Williamstown Little Theatre	Account Name: Williamstown Little Theatre Inc	
PO Box 35	Reference: Membership and your name	
Williamstown 3016	<i>Please scan this form and email to:</i>	
	<i><u>secretary@wlt.org.au</u></i>	
Credit Card		
Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>		
Card Number _____	Expiry __ / __	
Name on Card _____	CSV _____	
<i>Please scan this form and email to: <u>secretary@wlt.org.au</u></i>		
Signature	Date	