MAIRANGI PLAYERS INC

TheatreWorks, Recreation Drive, PO Box 34-455, Birkenhead, Phone 419 0415, www.mairangiplayers.co.nz

Membership Form

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

E-mail address (PRINT CLEARLY): _____

There are two types of membership: 1) Individual
2) Family (includes all family members)

All members of Mairangi Players who are 16 years and over are entitled to vote at General Meetings.

Type of membership requested: (Tick one box)

Individual	$15.00	[ ]
Family	$25.00	[ ]

How would you like to be involved in Mairangi Players? (Circle your interests)

Acting	Front of House	Music	Set construction	TV extra
Committee	Lighting design	Props	Singing	Wardrobe
Directing	Light operation	Publicity	Stage Crew	Drama tutor
Makeup	Set design	Sound	Other	

Privacy Act

This application constitutes permission for Mairangi Players to include all the above details on the master membership list and on lists held by committee members. We may also post a phone list in The Little Theatre and/or provide a membership list to any member who requests one. If you prefer that your details are NOT included in a list as described, please place a cross in the box [ ]

Signature: _____ Date: _____

Please complete this form and send with your membership fee to:

The Secretary
Mairangi Players Inc
PO Box 34-455
Birkenhead