BAY THEATRE PLAYERS INC ANNUAL MEMBERSHIP APPLICATION FORM – YEAR OF 2025

Adult \$25 □	Household \$	50 □	Student	\$20 □	Pensioner \$20 □	
Please note: (i) a household	d may include any number of in full time study and unde		ease list names	and ages on th	nis form	
	ny additional household m		af			
Family Name	First Na	me	Ages of children	Tel: Home	Mobile	
Please note any additional na	ames on back of form					
Address Town/Suburb				<u> </u>		
				Postcode		
Email address for newslette	r					
Are there theatre skills you would like to learn/develop or teach/share? Any special needs? Do you or any member of your family have any special needs we need to know about?						
PLEASE RETURN THIS FOR	M WITH PAYMENT TO:		DIT DETAILS:		OFFICE USE ONLY	
The Registrar Bay Theatre Players Inc PO Box 392		Name of a/ BSB A/C No	c Bay Theatre 641-800 032114227	Players Inc	Receipt No	
BATEMANS BAY NSW 2536	5	AJCINO	032114227		Date Entered	
	REDIT THIS FORM MUST					
In applying for memb	OUR PAYMENT DETAILS ership of the Bay Theatr Code of Control ents are available to reach	e Players Inc	, I/we agree to Constitution	o abide by Ba	y Theatre Players Inc	

Date

Signature

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PLEASE ALSO COMPLETE THIS CONSENT FORM FOR PHOTOGRAPHY AND PUBLICITY

INVOLVING BAY THEATRE PLAYERS INC

Name/s		
Name/s of Child/ren:		
manner: For press a posted on Bay Thea	d agree that photographs of me (and my Minor Child/ren if relevant), may be used in agree that photographs of me (and my Minor Child/ren if relevant), may be used in a great in print or online; For electronic media publicity including, but not limited atre Players Inc Website and Facebook or Instagram accounts; For the purposes ing in any format of Bay Theatre Players Inc and/or the current production in which I participating.	mited to, being es of publicity,
-	edge and agree as follows: (i) I/we am/are over the age of eighteen (18) and am/are leg s Release; (ii) I/we have read this agreement carefully and understand its provisions	jally
I/we hereby confirm a	and certify that I/we am/are the parent/s or legal guardian/s of any above-mentioned N	1inor Child/ren.
Today's Date:		
Name (PRINT):	Signature:	
Name (PRINT):	Signature:	
IF YOU DO	O NOT CONSENT TO THE USE OF PUBLICITY PHOTOS IN THIS MAI PLEASE CHECK THE BOX BELOW	<mark>NNE</mark> R
	NO CONSENT FOR PHOTOS/NAMES TO BE PUBLICISED OR USED I	N ANY

Thank You