

MEMBERSHIP FORM



Stagecraft

Name _____

Age _____

Address _____

Email _____

Home phone _____

Work phone _____

Mobile _____

Direct Credit:

02-0524-0044864-00

or Please find enclosed my payment of

\$ _____

Signed _____

Date _____

Membership type [please tick]

Active	\$35.00	<input type="checkbox"/>
Double Active	\$55.00	<input type="checkbox"/>
Unwaged Active	\$25.00	<input type="checkbox"/>
Friend	\$20.00	<input type="checkbox"/>

Send completed form to
Stagecraft Membership
PO Box 9810, Te Aro
Wellington 6141
or email membership@stagecraft.co.nz

Theatre Activities

[Active members only]

Please tick those areas which interest you.

Skilled / Learning

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Acting |
| <input type="checkbox"/> | <input type="checkbox"/> Choreography |
| <input type="checkbox"/> | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> | <input type="checkbox"/> Directing |
| <input type="checkbox"/> | <input type="checkbox"/> Front of House |
| <input type="checkbox"/> | <input type="checkbox"/> Lighting Design |
| <input type="checkbox"/> | <input type="checkbox"/> Lighting Operator |
| <input type="checkbox"/> | <input type="checkbox"/> Make-up |
| <input type="checkbox"/> | <input type="checkbox"/> Production Manager |
| <input type="checkbox"/> | <input type="checkbox"/> Properties |
| <input type="checkbox"/> | <input type="checkbox"/> Prompt |
| <input type="checkbox"/> | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> | <input type="checkbox"/> Set Design |
| <input type="checkbox"/> | <input type="checkbox"/> Set Construction |
| <input type="checkbox"/> | <input type="checkbox"/> Set Painting |
| <input type="checkbox"/> | <input type="checkbox"/> Sing |
| <input type="checkbox"/> | <input type="checkbox"/> Sound design |
| <input type="checkbox"/> | <input type="checkbox"/> Sound Operation |
| <input type="checkbox"/> | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> | <input type="checkbox"/> Stage Crew |
| <input type="checkbox"/> | <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> | <input type="checkbox"/> other? _____ |