



Friends of the James Theatre Inc. Membership Application Form

Name:

Address:

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Email:

Tel:

I wish to apply to become a member of the Friends of the James Theatre Inc. If admitted, I agree to be bound by the constitution of the association for the time being in force

Signature: Date:

I (full name) :

A member of the association, nominate the applicant for membership of the association

Signature :Date

I (full name) :

A member of the association, second the nomination of the applicant for membership

Signature :Date

• I wish to receive email updates and notifications of events at the James Theatre.
– Yes/No (circle one)

• I am willing and able to volunteer time or services to assist with the work and events of the association – Yes/No (circle one)

New Membership is \$11. (Ongoing membership is \$10). The Membership Year is a Calendar Year. Your fee can be paid into our Maitland Mutual Account BSB 646-000 Acct No 100090026 put your name in the reference section.

Email to info@jamestheatre.com.au, post to PO Box 77 Dungog 2420 or drop into the James Theatre

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Office Use Only

Membership Paid..... Registration Completed.....