HOWICK LITTLE THEATRE
FULL MEMBERSHIP APPLICATION FORM

Howick Little Theatre is a community theatre with a long history and reputation for quality productions, giving members an opportunity to meet new people and become actively involved in its day-to-day operation.

BENEFITS OF FULL MEMBERSHIP :

- preferential bookings and ticket discounts for all major productions
- members' bar prices for wine and beer
- free costume hire from our extensive wardrobe
- opportunity to attend acting, directing & technical workshops
- regular club night activities
- monthly newsletters including audition notices

SUBSCRIPTIONS :

Membership year commencing 1 April :	Adult	$30	Additional Adult at same address	$10
Membership commencing after 1 October :	Adult	$15	" "	$ 5

✂ ……

SEND TO: Howick Little Theatre, P O Box 38-271, Howick, Auckland 1705

YES PLEASE! -- I wish to become a full member of Howick Little Theatre, and understand that joining will require a commitment to contribute to its existence in one or more of the areas ticked below:

	Actor		Director		Stage Manager
	Singer		Set Design		Asst. Stage Manager
	Musician		Set Decor		Sound/Lights Operator
	Dancer		Lighting Design		Prod. Co-ordinator
	Set Construction		Sound Design		Backstage Assistant
	Set Painting		Costume Design/sourcing		Backstage Props
	Marketing		Wardrobe Sewing		Bartending
	Social Activities		Sourcing/making props		Usher/Tea Coffee
	Publicity		Make Up/ Hair		Rehearsal Prompt
	Promotional Activities		Club Night Director		

Special Skills: (eg, artist, computer graphics, etc)…….

Name: ……..……..

Telephone (Home) ……(Work)……(Mobile) ……..……

Email: ……I would like newsletter emailed (tick)

Address: ……

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Age group (for statistical purposes only) under 23* 24 - 35 36 - 45 46-59 56-65 65+
(*if under 23, ask about our special savings on "Young Adult" membership category)

How did you hear about HLT? (circle) friend current member HLT website Eastern Courier

other ……

I enclose my membership fee of $ …… by cheque /credit card #……expiry……..

Signed …….. Date ……

As a tax-deductible donation, I require a receipt Yes No

I understand this information will not be used for any purpose other than the society's records and associated theatre activities.

FOR OFFICE USE ONLY Date received …… FULL

Payment by CHQ CASH EFTPOS CREDIT CARD # …… Expiry ……

Amount $ ……Receipt # …… Date ……Faxed to MEMBERSHIP: Date ……