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MEMBERSHIP APPLICATION FORM

Incorporated under the Companies Act as a Company Limited by guarantee whereby the members, in the event of the Company being wound up and having incurred debts and liabilities, are liable to contribute to the Company's assets: such liability is limited to fifty dollars (\$50.00).

To: The Secretary
The Guild Theatre Limited
PO Box 242
KOGARAH NSW 1485

I Mr/Mrs/Ms/Miss _____
(Full name – BLOCK letters)

Of _____
Unit/street number and street name

_____ Suburb _____ Postcode

Telephone: (Home) _____ (Work) _____
(Mobile) _____ (E-mail) _____

hereby apply for membership of THE GUILD THEATRE LIMITED.

<input type="checkbox"/>	Adult: Joining Fee \$ 20.00 + Annual Subscription \$20.00	TOTAL \$40.00
<input type="checkbox"/>	Junior: Joining Fee \$5.00 + Annual Subscription \$5.00	TOTAL \$10.00

(Payment due upon notification of acceptance)

PREVIOUS EXPERIENCE

SPECIALIST SKILLS (eg dressmaking, carpentry, photography, etc)

Signature _____ **Date** _____
Proposer* _____ **Date** _____
Secunder* _____ **Date** _____

*Must be Financial Guild Members

Office use only

App Sent _____	Attd Cmte _____	Accept/Pay Rcvd _____
App Rcvd _____	Cmte Approved _____	Rules/Regs Sent _____
Inv't to Cmte _____	Accept Sent _____	Enter DB _____