## **MEMBERSHIP FORM**

NAME:					
ADDRESS:					
PHONE:				MOBILE:	
E-MAIL:					
MEMBERSHI	P TYPE:	FAMILY DOUBLE: ADULT: JUNIOR:	-		
DONATION:					
If you wish to pay your membership on-line, the account number is 03 0732 0250902 00.  Or post to: The Membership Secretary, Kapiti Playhouse Inc., P.O. Box 267 Paraparaumu.					
Paid on-line Y	ES/NO	Chec	լue/Ca	ash enclosed YES/NO	
To enable us to maintain a register of membership interests and skills, please indicate the relevant areas in which you have an interest. Experience is not necessary, as we are happy to train people who wish to be involved.					
Stage crew Set building Stage Manager Lighting Sound Front of House Publicity Production Man Hair / Makeup Wardrobe Props	nagement				

Previous experience (if any):

Building maintenance Working Bees Youth Drama Group

Prompt Acting Directing