



SINGLETON THEATRICAL SOCIETY INCORPORATED

ABN 77 630 644 204

PO Box 518 Singleton 2330

[satssecretary@gmail.com](mailto:satssecretary@gmail.com)

## MEMBERSHIP FORM

SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

WWCC – Working with Children Check Number (not applicable to members under 18)

WWCC NUMBER \_\_\_\_\_ WWCC EXPIRY \_\_\_\_\_

ALLERGIES \_\_\_\_\_

Any known MEDICAL CONDITIONS that may impact participation eg epilepsy, high blood pressure, heart conditions etc:

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DATE JOINED \_\_\_\_\_

TYPE OF MEMBERSHIP

- SHOW MEMBERSHIP
- JUNIOR SHOW MEMBERSHIP
- ORCHESTRA MEMBERSHIP
- SOCIAL MEMBERSHIP
- LIFE MEMBER

I have received a copy of Singleton Theatrical Society Inc's Code of Conduct  YES  NO

I, \_\_\_\_\_ agree to abide by the terms and conditions as stated in the Singleton Theatrical Society Inc's Code of Conduct.

*Please circle your response*

I do / I do not give consent for my/my child's details to be kept on a private register held by the secretary of Singleton Theatrical Society Incorporated for the purposes of relaying information to members.

I do / I do not give consent to have my/my child's image or photograph used in official publications, video recordings or to be interviewed for promotional purposes by the Singleton Theatrical Society Incorporated.

Member signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature if member is under 18 \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

WWCC FOR PARENT/GUARDIAN \_\_\_\_\_ WWCC EXPIRY \_\_\_\_\_