



CASTLE HILL PLAYERS INC

MEMBERSHIP

RENEWAL/SUBSCRIPTION 2010

TAX INVOICE

Member No.:

Dear

Your membership for the Castle Hill Players Inc is now due for renewal for 2009. We would be grateful if you could complete the form below (please update as necessary) and return it with the appropriate payment to:-

Membership Officer
 Castle Hill Players Inc
 PO Box 106
 CASTLE HILL NSW 1765

1. Name and address information – please check and amend

Title: _____ **Home Ph:** _____
Surname: _____ **Mobile:** _____
First Name: _____ **Work Ph:** _____
Address: _____
Email: _____

2. Update Interests – please tick all appropriate boxes

<input type="checkbox"/> Acting	<input type="checkbox"/> Costume Design/Making	<input type="checkbox"/> Directing
<input type="checkbox"/> Lighting design	<input type="checkbox"/> Lighting Operation	<input type="checkbox"/> Make-Up
<input type="checkbox"/> Prompting	<input type="checkbox"/> Promotions/Marketing	<input type="checkbox"/> Set construction
<input type="checkbox"/> Set Design	<input type="checkbox"/> Sound Design	<input type="checkbox"/> Sound Operation
<input type="checkbox"/> Stage Management	NB: it is a requirement of membership to volunteer for Front of House duties	

Age Group: 16-25 26-35 36-45 46-55 56+

3. Membership Fee Payable

<input type="checkbox"/> Ordinary	\$30.00	<input type="checkbox"/> Concession/Student	\$15.00
<input type="checkbox"/> Associate (under 16)	\$ 5.00	<input type="checkbox"/> Life member	\$ 0.00
		Plus * <input type="checkbox"/> Membership Joining Fee	\$20.00
*May apply to renewal applications received after 28/02/10			\$ _____

OR Discounted Membership (Applies ONLY for the 2nd & subsequent Members from the same residential address)

<input type="checkbox"/> Ordinary	\$20.00	<input type="checkbox"/> Concession/Student	\$10.00
<input type="checkbox"/> Associate (under 16)	\$ 5.00	\$ _____	

4. Subscription to Opening Nights – 5 or 6 play package

Transferable to another night on payment of seat-price difference

Qty _____ @ \$60	\$ _____
Qty _____ @ \$72	\$ _____

5. PAYMENT – includes GST

<input type="checkbox"/> Cheque/Money Order (Payable to Castle Hill Players)	
<input type="checkbox"/> Credit card (Please complete authority below)	TOTAL \$ _____

Credit Card Authority Visa Bankcard Mastercard

Name on Card _____ Expiry Date ____ / ____

Card Number:

____ / ____ / ____

Member No:

Signature

____ / ____ / ____
Date

Any queries, please contact Heidi Brosnan, Administrative Assistant on 0458 080 028 or by email pavilionadmin@optusnet.com.au

Please check all areas have been completed in full, payment is enclosed and return to "Membership Officer, Castle Hill Players Inc, PO Box 106, Castle Hill NSW 1765. *Thank you.*