

APPLICATION FOR MEMBERSHIP

Parkes Musical and Dramatic Society Inc.
(incorporated under the Association Incorporation Act, 2009)

Date _____

I, _____
(full name of applicant)

of _____
(address)

Phone: _____(HM) _____(MOBILE)

E-Mail _____

Hereby apply to become a member of the above named incorporated association. I have read and understand the Society Code of Conduct and agree to abide by the standards and expectations as set out in this document for the duration of my membership.

Signature of applicant

Type of Membership requested Junior \$10.00 Adult \$20.00 Family \$40.00
(Juniors are members aged 19 years and under as at 1st January that year)

Names of other family members *(for family memberships)*

Pursuant to the Children and Young Persons (Care and Protection) Act 1998, members over the age of 18 years may be asked to provide a current Working with Children (WWC) check certificate and their date of birth to the registrar as a condition of their membership. WWC checks will be required for anyone working with children under the age of 18 unless legislated exemptions apply. A member of the executive will inform you if you are required to provide a WWC on acceptance of membership, or when taking on specific roles in the Society.

Please return this form and membership fee to PO Box 376 Parkes NSW 2870. If making payment via internet banking, bank details are: BSB: 032 834 Account no. 221279

MEDIA PERMISSION FORM

I, _____ (applicant guardian of applicant) hereby give permission for photographs and/or video to be taken for publication/promotional purposes during rehearsal and performances of any show produced by Parkes Musical and Dramatic Society.

Signature of applicant

Parent signature (if under 18 years)