



LOST SHEEP THEATRE

2026
Membership



www.lostsheeptheatre.au



0474 864 943



lostsheeptheatre@gmail.com

Membership for Lost Sheep Theatre

*denotes a required field

	Name: _____	*	I wish to receive communication via this method. (Tick all that apply)
	Title (optional): _____ Pronoun (optional): _____		
	Birth Date: _____	Date of Application: _____	*
	Home Address: _____	*	<input type="radio"/>
	Phone: _____	*	<input type="radio"/>
	Email: _____		<input type="radio"/>
	YouTube _____ Or follow us on... www.youtube.com/@LostSheepTheatre		<input type="radio"/>
	Facebook _____ www.facebook.com/lostsheeptheatre		<input type="radio"/>

Lost Sheep Theatre offers the following membership options

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 Single Junior (5-18 Years) \$15 <input type="radio"/>	 Single Adult \$25 <input type="radio"/>	 Family (2 adults, 2 juniors) \$45 <input type="radio"/>	 5 Year Extended Membership \$110 <input type="radio"/>
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Lost Sheep Theatre understands that families are not all the same. If you want to discuss an alternative please get in touch.

Payments

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<input type="radio"/> Cheque or Cash enclosed	<input type="radio"/> Direct Deposit made to: BSB 633-000 # 197 053 804 Please use your family name as reference
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Family and Partners

If you are purchasing membership for additional persons please add their details below.

Title	Name	Pronoun	Phone Number	Applicant is under 18
_____	_____	____/____	_____	<input type="radio"/>
_____	_____	____/____	_____	<input type="radio"/>
_____	_____	____/____	_____	<input type="radio"/>

Theatrical Interests

Please indicate areas you would like to help out with or be notified about. Please add initials for different members.

<input type="radio"/> Social Events/ Play Readings	_____	<input type="radio"/> Directing	_____
<input type="radio"/> Acting	_____	<input type="radio"/> Backstage / Stage Management	_____
<input type="radio"/> Workshops	_____	<input type="radio"/> Lighting Design / Tech	_____
<input type="radio"/> Watching Performances	_____	<input type="radio"/> Sound Design / Tech	_____
<input type="radio"/> Front of House / Bar	_____	<input type="radio"/> Set Construction / Painting	_____

I/We agree to adhere to all rules as set out in the constitution of the club.

Applicant's Signature

_____*

Nominating Member:

(If left blank, applicant will be nominated by a Committee Member upon review)

OFFICE USE ONLY

RECORD UPDATED	/ /2026	PAYMENTS RECEIVED	/ /2026	APPROVED BY COMMITTEE	/ /2026
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