



LOST SHEEP THEATRE

2023
Membership



www.lostsheeptheatre.au



lostsheeptheatre@gmail.com

*denotes a required field

Membership for Lost Sheep Theatre

I wish to receive communication via this method. (Tick all that apply)

Name: _____ *

Title (optional): _____ Pronoun (optional): _____

Home Address: _____ *

Phone: _____ *

Email: _____

Or follow us on...

YouTube www.youtube.com/@LostSheepTheatre

Facebook www.facebook.com/lostsheeptheatre

Twitter www.twitter.com/lost_sheep_inc

Lost Sheep Theatre offers the following membership options

Single Junior (5-18 Years)	Single Adult	Family (2 adults, 2 juniors)	5 Year Extended Membership
\$15	\$25	\$45	\$110
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lost Sheep Theatre understands that families are not all the same. If you want to discuss an alternative please get in touch.

Payments

Cheque or Cash enclosed

Direct Deposit made to:
BSB **633-000**
197 053 804
Please use your family name as reference

Family and Partners

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

Title	Name	Pronoun	Phone Number	As above
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Theatrical Interests

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

<input type="checkbox"/> Social Events/ Play Readings	_____	<input type="checkbox"/> Directing	_____
<input type="checkbox"/> Acting	_____	<input type="checkbox"/> Backstage / Stage Management	_____
<input type="checkbox"/> Workshops	_____	<input type="checkbox"/> Lighting Design / Tech	_____
<input type="checkbox"/> Watching Performances	_____	<input type="checkbox"/> Sound Design / Tech	_____
<input type="checkbox"/> Front of House / Bar	_____	<input type="checkbox"/> 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	/ /2023	PAYMENTS RECEIVED	/ /2023	APPROVED BY COMMITTEE	/ /2023
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