**BATS Theatre Company Inc.** 

**PO Box 7024**

**Cranbourne North LPO**

**Cranbourne, Vic, 3977**

**info@batstheatre.org.au**

**www.batstheatre.org.au**

**ABN: 68 063 915 826**

**INC : 148402939**

**BATS Theatre Company**

**Membership Application Information**

Membership fees are currently $0 for Life Members, $40 for adult members, and $30 for junior members (under 18 at the time of joining).

Please note: Current cast members of a show will not need to complete these steps – membership is automatically granted upon being cast in a show and paying the membership fees outlined in the audition information.

**To renew your membership or to become a member**:

**Life Members**

You don’t need to do anything. Your membership will be automatically renewed.

If you need to update your details, please email info@batstheatre.org.au

**Existing Members**

For any current members, to renew your membership, please pay the membership fee into the BATS bank account or give your membership fees in cash to the Treasurer. Bank details are below.

**New Members**

For new members of BATS Theatre Company, please fill in the membership form below and give to the Secretary in person, or email to the Secretary at info@batstheatre.org.au, or post to:

The Secretary, PO Box 7024, Cranbourne North LPO, Cranbourne VIC 3977

Membership fees must be paid at the same time either via the bank details below, or paying in cash to the Treasurer. Once both the fees and the form have been received, membership is valid.

**BATS Bank Details**

Account Name: BATS Theatre Company

BSB: 633 000 (Bendigo Bank)

Account Number: 112807292

Please include your name in the description when paying.

**PBATS Theatre Company Inc.** 

**O Box 7024**

**Cranbourne North LPO**

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**MEMBER APPLICATION FORM**

**Please note that the information provided on this form remains confidential at all times ADULT MEMBERSHIP JUNIOR MEMBERSHIP ASSOCIATE MEMBERSHIP –**

ASSOCIATE MEMBERS PLEASE INDICATE PURPOSE:

**PERSONAL INFORMATION**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOBILE PHONE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Working With Children No (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PLEASE NOTE:* ALL ADULT MEMBERS WORKING ON YOUTH PRODUCTIONS WILL BE REQUIRED TO HAVE A WORKING WITH CHILDREN CHECK. THIS CAN BE OBTAINED FREE OF CHARGE THROUGH THE DEPARTMENT OF JUSTICE WEBSITE.**

**EMERGENCY CONTACT (NAME & NUMBER):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT / GUARDIAN NAME AND CONTACT NUMBER IF UNDER 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you have any health issues or conditions that we should be aware of (e.g. epilepsy, asthma, ADHD, ASD etc)? YES/NO Please provide details:**

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: / /**