



BALLINA
Players
Regional Theatre at its best

The Ballina Players Inc.

P.O. Box 636

24 Swift Street

APPLICATION FOR ADULT MEMBERSHIP

I am applying for:

☐ New adult membership (\$10 application fee plus \$10 annual membership.)

Please print:

Name: _____ Preferred _____ He/Him
She/Her Date of Birth: _____
They/Them

Address: _____

Suburb: _____ Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

WWC Number: _____ Exp: _____

I hereby apply to become a member of the above incorporated association. I agree to read and abide by the Ballina Players Code of Conduct located at www.ballinaplayers.com.au/code-of-conduct/

Signed: _____ Date: _____

Membership applications are approved (subject to clause 4(2) of the constitution) after completion of this form and payment of the applicable membership fees at the next available committee meeting .

This section to be completed by two current members of the association.

We nominate the applicant for membership of The Ballina Players.

Proposer:

Name: _____

Signed: _____

Date: _____

Secondar:

Name: _____

Signed: _____

Date: _____