



APPLICATION FOR JUNIOR MEMBERSHIP

I am applying for:

- New junior membership (\$5 application fee plus \$5 annual membership.)

Please print:

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

Address: _____

Suburb: _____ Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

I am applying to join Ballina Players because:

- | | |
|---|--|
| <input type="checkbox"/> I am involved in a production either onstage or helping in some way (costumes, back stage, set/props etc) | <input type="checkbox"/> I want to volunteer for front of house (over 16 unless accompanied by an adult) |
| <input type="checkbox"/> I want to play in the band for a production | <input type="checkbox"/> I have friends involved and want to keep up to date |
| <input type="checkbox"/> I just love the theatre and may want to be involved at some point | <input type="checkbox"/> Other |

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: _____

Applicants under 18: Please have this section completed by your parent/guardian.

Name: _____ Relationship: _____

Phone (if different to above): _____

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 .

Membership fees can be paid in person by cash or eftpos, or via online transfer to:
Ballina Players BSB 650 000 Account 571 316 818

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

We nominate the applicant for membership of The Ballina Players.

Proposer: _____

Secunder: _____

Name: _____

Name: _____

Signed: _____

Signed: _____

Date: _____

Date: _____