

# MEMBERSHIP APPLICATION / AGREEMENT

**SHEPPARTON THEATRE ARTS GROUP**  
INCORPORATED



To become a financial member of Shepparton Theatre Arts Group Inc, please complete the membership application/agreement below:

**MEMBERSHIP TYPE** *(please tick the appropriate box)*

<input type="checkbox"/> FAMILY (\$80)	<input type="checkbox"/> ADULT (\$55)	<input type="checkbox"/> STUDENT/CONCESSION (\$30)
<input type="checkbox"/> PRIMARY (\$20)	<input type="checkbox"/> 6 WEEK CREW (\$15)	

**ARE YOU?...** *(please tick the appropriate box)*

<input type="checkbox"/> NEW MEMBER	<input type="checkbox"/> RENEWING	<input type="checkbox"/> RETURNING AFTER A BREAK
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Name	Occupation	DOB
Address	City	Postcode
Email		
Phone	Mobile	

*If Family Membership, please indicate which other family members will participate in STAG activities:*

Name	Occupation	DOB
Name	Occupation	DOB
Name	Occupation	DOB
Name	Occupation	DOB

**BACKSTAGE AND PRODUCTION TEAM INTERESTS**

STAG members are encouraged to participate not only onstage, but also in different roles for STAG activities. Please indicate where your interests lie. Members will be expected to participate in offstage activities for a least one production per year. Please complete this section.

Interest 1:	Interest 2:	Interest 3:
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**PRIVACY AND SECURITY STATEMENT:**

I acknowledge *(Please read and sign)*

- My personal details will be kept on a membership database.
- My personal information will not be divulged to any third parties.
- I have received, read and understood my obligations pursuant to the STAG Code of Conduct.
- I am obliged to disclose to the STAG committee any criminal convictions which may affect my capacity to participate in STAG activities.
- Pursuant to the STAG Rules, the STAG committee, in its absolute discretion, may reject my membership application, limit my participation in STAG events or take disciplinary action against me if I have such criminal convictions.
- I understand that my failure to disclose criminal convictions may result in the rejection of my membership application or disciplinary action against me pursuant to the Rules.

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>
PARENT/GUARDIAN SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

**HOW TO PAY**

		
<b>CASH</b> Hand your payment and membership form to the Producer at rehearsal.	<b>CHEQUE</b> Post with form to: STAG PO Box 658 Shepparton Vic 3632	<b>EFT</b> Bank: GMCU Account Name: STAG BSB: 803078 Acc No: 100079795 Use Your Name as Ref