

PERSONAL DETAILS

| | | | | | |
|----------------------|--|-------------------|--|----------------------|--|
| Name | | Occupation | | Date of Birth | |
| Address | | City | | Postcode | |
| Email Address | | | | | |
| Phone | | Mobile | | | |

FAMILY MEMBERSHIP (Please complete the following section for Family Memberships)

| Name | Occupation | DOB | Mobile |
|------|------------|-----|--------|
| | | | |
| | | | |
| | | | |
| | | | |

THEATRE INTEREST

| | | | | | | | |
|--------------------------|-----------|--------------------------|---------------------------|--------------------------|---------|--------------------------|------------------|
| <input type="checkbox"/> | Backstage | <input type="checkbox"/> | Set Construction/Design | <input type="checkbox"/> | Singing | <input type="checkbox"/> | Makeup/Hair |
| <input type="checkbox"/> | Acting | <input type="checkbox"/> | Lighting Design/Operation | <input type="checkbox"/> | Dancing | <input type="checkbox"/> | Costume/Wardrobe |

We at Shepparton Theatre Arts Group Inc encourage all our members to participate in all facets of Theatrical Performance. Please indicate where your interests lie.

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"/> | 6 Week Crew Member (\$15) |
| ARE YOU? (Please tick the appropriate box) | | | | | | | |
| <input type="checkbox"/> | New Member | | | <input type="checkbox"/> | Renewing | | |

WORKING WITH CHILDREN CHECK (Please tick the appropriate box)

| | | | | | |
|--------------------------------------|------------------------------|--------------------------|---------------------------------|--------------------------|----------------|
| <input type="checkbox"/> | Working with Children Check | <input type="checkbox"/> | Victorian Institute of Teaching | <input type="checkbox"/> | Police Officer |
| Registration Number / Card Number :- | | | | | |
| <input type="checkbox"/> | In the process of obtaining. | | | | |

PRIVACY & Security Statement

- ☐ I acknowledge and consent to my data being collected and using my details for STAG communications.
☐ I acknowledge and consent to my details being given to authorised agencies as directed by the government.
☐ I acknowledge that I must have or be in the process of obtaining a Working with Children Check or equivalent.
☐ I acknowledge that I have received, read, and understood my obligations under the STAG Code of Conduct
☐ I acknowledge that I am obliged to disclose any criminal convictions which may affect my capacity to participate in STAG activities.
☐ I understand that my failure to disclose criminal convictions may result in the rejection of my membership application or disciplinary action against me under the Rules and Regulations.

Signature

Date

| | |
|--|----------|
| | __/__/__ |
|--|----------|

Parent/Guardian Signature

Date

| | |
|--|----------|
| | __/__/__ |
|--|----------|

| | | | |
|--------------------------|--------------|------|----------|
| <input type="checkbox"/> | Payment Made | Date | __/__/__ |
|--------------------------|--------------|------|----------|

Membership Payment Details

Bank :- Goulburn Murray Credit Union

Account Name :- Shepparton Theatre Arts Group

BSB :- 803 078

Account Number :- 100079795

Use your name as the Payment Reference

Example John Smith reference would be JSmith

Office Use Only

- | | | |
|--|---|---|
| <input type="checkbox"/> Working with Children Check on File | <input type="checkbox"/> Code of Conduct Supplied | <input type="checkbox"/> Payment Received |
| <input type="checkbox"/> Approved by Committee | <input type="checkbox"/> Date Accepted __/__/__ | <input type="checkbox"/> Details Scanned and saved to Teams |