



PERSONAL DETAILS

Full Name					Preferred Name					
Occupation					Date of Birth					
Address					City			Postcode		
Email Address					Phone/Mobile					
Preferred Contact Method	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Other				
Pronouns	<input type="checkbox"/>	She/Her	<input type="checkbox"/>	He/Him	<input type="checkbox"/>	They/Them	<input type="checkbox"/>	Other		
Gender Identity	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Different term	<input type="checkbox"/>	Non-binary	<input type="checkbox"/>	Not Stated

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

Name	Occupation	DOB	Mobile

MEDICAL DETAILS (Are there any conditions we should be aware of e.g. Asthma, Anaphylaxis, Epilepsy)

Medical Condition			
Requires Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Please Specify (copy of management plan if applicable)	
<input type="checkbox"/> I give permission for medical treatment to be sought in case of an emergency and accept full financial responsibility.			
Ambulance Membership Number			
Emergency Contact 1			
Phone/Mobile		Relationship to Member	
Emergency Contact 2			
Phone/Mobile		Relationship to Member	

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)
<input type="checkbox"/> Social Member (\$30)			
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 – mandatory for everyone aged 18+)

Name					
<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.				

If Applicable 2nd Adult Family Member

Name					
<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**

	__/__/__
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Parent/Guardian Signature**Date**

	__/__/__
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<input type="checkbox"/>	Payment Made	Date	__/__/__
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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 |
| <input type="checkbox"/> Membership Card Issued | | |