



## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

- I wish to become a member
- I wish to be on the mailing list
- I wish to be contacted regarding being involved in the theatre activities
- I wish to be contacted to discuss theatre sponsorship

**Adult Membership \$20.00 per person**

**Junior Membership (under 18) free**

- I have paid online to Picton Little Theatre

A/C No: 03-1710-0002101-00 (Name in ref box)

- I have attached a cheque/cash for \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Post to:     The Treasurer  
              Picton Little Theatre  
              9 Dublin Street  
              Picton