



# APPLICATION FOR MEMBERSHIP

## OF BENDIGO THEATRE COMPANY INCORPORATED

- I, ..... of  
(Please print full name)

**Address**.....**Post code**.....

**Phone number**..... **Mobile**.....

**Email**.....

Desire to become a member of the Bendigo Theatre Company. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

**Please circle:**      **Junior** . (16years and under)      \$15.00

**Senior**      \$25.00

**Signature of applicant**.....

**Date**.....

- NOMINATED BY**

I, .....  
(Please print full name)

A member of the association, nominate the applicant, who is personally known to me, for

**Signature of Proposer** .....

**Date** .....

- SECONDED BY**

I, .....  
(Please print full name)

A member of the association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

**Signature of Seconder** .....

**Date** .....