

SUBSCRIPTION FORM

Manukau Performing Arts Inc. P O Box 23 - 106, Hunters Corner, Manukau 2155

Please note: Any information received from you will be held by Manukau Performing Arts Inc. and will not be passed on to any other individual or organisation. This information may be used by us for club business.
Under the Privacy Act 1993 you are entitled to access and inspect your information at any time.

Please complete this form in full and return with your payment.

Internet banking: Account number ASB 12-3209-0153052-00 - Please add your name as a reference.

Please circle subscription required:

	Child \$10	Student \$10	Senior \$10	Adult \$25	Family \$35	
Amount paid: _			Internet	Eftpos	Cash	Cheque
Name:				Date of birth:		
Address:				Home Phone:		
				Mobile Phone:		
Email:		_		Business Phone	:	
Occupation:		_		Work Phone:		
Ethnicity:				If you are subsc		•
Name and Phone	e number of an	alternative contac	ct:	=	s form to write d ily member's de	
I will ensure th	at my child is d appropriate tin	er the age of 18 ye member w ropped off and pic nes and I will take	ill require parent	al consent. earsals, perform	ances and social	
	Р	lease cirlce any ar	eas of theatre y	ou are interested	d in	
Administration	Dresser	Rehearsal Pianist	Stage Manager	Committee	Hair & Makeup	Set Building
Stage Crew	Wardrobe	Props	Sub Committee	Front of House	Director	Lighting
Set Design	Prompt	Choreography	Set Painting	Production	n Secretary	Musical Director
Sound	Stage Pe	erformance	Advertising	Orchestra Production Manager		
		ne rules and perfo	-		•	-
agree to abide by them. I agree to become a financial member of Manukau Performing Arts Inc. Signature Date						