

Sunnybank Theatre Group Inc.

ABN 12 040 875 864
 Cnr Mains and Beenleigh Rds., Sunnybank (Ph 3345 3964)
 PO Box 3068 Sunnybank South QLD 4109
 www.stg.org.au



MEMBERSHIP APPLICATION / RENEWAL FORM

Welcome!

To the Sunnybank Theatre Group Inc. (STG), this membership entitles you to various concessions on tickets and includes public liability insurance cover to the value of \$20,000,000.

Are you a current member: Yes <input type="checkbox"/> No <input type="checkbox"/>	Membership No:	
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Title: (Circle)	MR, MISS, MS, MRS, DR	Last Name:	
First Name:		Preferred Name:	
Middle Name:		Date of Birth	/ /
Phone Numbers: (home and/or mobile)			
Email Address:			
Street Address:			
Suburb:		Postcode:	State:
Postal Address: (Write As Above if the same)			
Suburb:		Postcode:	State:
Emergency Contact Name:			
Contact No:		Relationship to You:	

Please tell us a little about yourself – your experience, skills, qualifications, etc and why you are interested in joining STG:

I am interested in joining: Youth Group <input type="checkbox"/> Senior Group <input type="checkbox"/> Neither <input type="checkbox"/>
I am interested in auditioning for a show <input type="checkbox"/> (Please state which show)

Please tell us the activities you are interested in by ticking the appropriate boxes:			
<input type="checkbox"/> Actor	<input type="checkbox"/> Dancer	<input type="checkbox"/> Singer	<input type="checkbox"/> Director
<input type="checkbox"/> Back Stage Crew	<input type="checkbox"/> Lighting & Sound	<input type="checkbox"/> Props & Wardrobe	<input type="checkbox"/> Stage Manager
<input type="checkbox"/> Makeup & Hair	<input type="checkbox"/> Set Construction/Painting	<input type="checkbox"/> Choreographer	<input type="checkbox"/> Musician
<input type="checkbox"/> Box office	<input type="checkbox"/> Front of House – Bar	<input type="checkbox"/> Ushering	<input type="checkbox"/> Catering
<input type="checkbox"/> Committee member	<input type="checkbox"/> Administration Support	<input type="checkbox"/> Theatre maintenance	<input type="checkbox"/> Marketing

Do you have any previous acting experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any dance experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to sing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a writer of play scripts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you play a musical Instrument? Please detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of roles would you prefer? Please detail:	
Are you prepared to accept other roles if offered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

During the running of a show, you may be given others' personal details for ease of communication.	
Do you agree to keep this information private and confidential?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to share your contact details with other STG members?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to be at the theatre by the call time for all rehearsals and shows unless by prior arrangement:	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to make myself available for additional performances during the run of a show of extended season (may include mid-week or Sunday shows):	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to images and information about me to be used in official materials (programs/website/advertising):	Yes <input type="checkbox"/> No <input type="checkbox"/>

Health & Medical:	
Do you have any physical conditions that would restrict your participation with us or prevent you from participating in certain environments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, please outline medical conditions and how we are able to support you with this (e.g. nut allergy. I would need a shot in my upper leg from my Epi pen located in my bag):</i>	

