BENALLA THEATRE COMPANY INC

MEMBERSHIP APPLICATION FORM 2018

I wish to become a member of Benalla Theatre Company. By filling in the application form, I agree to support the purpose of BTC and agree to comply with BTC's rules of association.

NAME: _____

ADDRESS: _____

PHONE: _____ **MOBILE:** _____

EMAIL: _____

BIRTHDATE: _____

MEMBERSHIP TYPE: ADULT STUDENT/CONCESSION ASSOCIATE

COST: ADULT $40

STUDENT/CONCESSION $30

ASSOCIATE (STUDENTS UNDER 15) $20

SIGNED: _____

PLEASE RETURN THIS FORM ALONG WITH YOUR PAYMENT TO P.O. BOX 2, BENALLA 3671 OR TO THE TREASURER, JIM TULLBERG

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