



Astral Youth Theatre Association

Rosebud Astral Theatre Inc

Reg No A0006880R ABN No 78027310367

P.O box 525 Rosebud Victoria 3939

Application for Membership

Name _____

Address _____

Phone _____

Mobile _____

E-mail _____

Membership Fees (as of the AGM 2006)

- Adult – \$ 30.00*
- Concession / Student - \$ 25.00*
- Spouse - \$ 10.00 Dependent child / Sibling \$ 5.00*
- Associate Member \$ 10.00*

Emergency contact details

Name _____

Phone _____

Signing this form indicates that members have read and undertake to abide by the Rosebud Astral Theatre Society Inc. Code of Conduct applicable to rehearsals and performances

Signature Of Member _____ *Date* _____

Office Use Only

Name _____
Date Joined _____