



## Z-PAC THEATRE MEMBERSHIP APPLICATION

(Print clearly in capital letters)

**Full Name:** .....

**Address:** .....Post Code.....

**Phone (H)** ..... **Mobile**.....

**Email:** ..... **Date of Birth** .....

### We warmly welcome all volunteers. Please indicate your area/s of interest

- Actor
- Costumes, Hair and/or Make-up
- Director
- Front of House Assistance (Inc Ticketing, Bar, Kitchen)
- Garden Maintenance
- Handyman (Join our Z-Pac Maintenance team)
- Promotions
- Set Design/Construction
- Stage Manager
- Sound & Lighting Technician (Experienced or willing to learn)
- Administration
- Other: \_\_\_\_\_

For the period of 12 months from the date of payment:

Single Membership: \$15

Family Membership: \$30 (Max 2 adults + 3 children under 18 years)

Contact treasurer@zpactheatre.com.au to make payment

E-mail your membership form to secretary@zpactheatre.com.au

or post to **PO Box 120, Hervey Bay. Q 4655** or drop off at the Theatre during opening hours.

***I consent to my image and name being published in all forms of media to promote Z-PAC Yes/No***

I agree to abide by the rules and regulations as set out by the Constitution of the ZEPHYR STREET PERFORMING ARTS COMMUNITY THEATRE Inc. [Privacy Notice](#) Z-PAC Theatre Inc collects information about you for the purpose of presenting productions for the benefit of the Fraser Coast Regional Community. Information may be disclosed to other organizations for the achievement of this purpose. Members are able to access their stored information by contacting The Secretary PO Box 120 Hervey Bay 4655. Z-Pac Theatre Inc is bound by Privacy Act 2001 and our Privacy Policy.

Signature of Member ..... Date.....

Nominated by ..... Seconded by .....

### Office Use Only

Amount Paid: \$ ..... Date: ...../...../20.. Receipt Number: .....