

ALBANY LIGHT OPERA & THEATRE COMPANY (INC)



RENEWAL FULL MEMBERSHIP APPLICATION FORM

FINANCIAL YEAR 2025 (AGM to AGM) Due Date 26th February 2025

Direct Deposit is preferred payment into Commonwealth Bank BSB 066 500 A/C 00903799
Reference i.e. J. Smith membership OR by cash

**Please ensure this form is completed and emailed to
Treasurer@alotco.com.au or placed in the Wooden box located in the kitchen**

Application process -Treasurer to check payment, Secretary to include on Agenda for Committee to process

LIFE MEMBER	ADULT	JUNIOR Under 18	FAMILY Parents plus children under 18
\$0	\$35	\$20	\$80

NAME – please list First and Family name individually	LM	A	JNR	FAMILY	JNR's AGE
TOTAL amount paid by	EFT	CASH			

Main Contact Number _____

Postal or Email: please print clearly _____
(This is the address that will be used for membership communications – please complete one only)

I/We hereby apply to join ALOTCO and by signing below agree to abide by its Constitution, Code of Conduct and By-Laws which can be found on our website.

Signed: _____ Dated: _____

Do you give permission for photos of you/family to be used for publicity purposes? **YES** **NO**

Have you had:	Yes or No	If yes how long ago
A Tour of the theatre of all areas		
Been in a Production or helper of a production		
Been a volunteer for Front of House (Usher, Kiosk)		
Involved in the back ground i.e. busy bee helper, Maintenance,		

Do you have any of the following (please circle)

Working with Children First Aid Certificate Fire Warden/ Workplace Safety Test & Tag