



**Katikati  
Theatre**  
Incorporated

## Membership Form

Name: .....

Address: .....

.....

Phone No: .....

Mobile: .....

Email: .....

Occupation: .....

Theatre Experience: .....

Interested in:    Acting     Design-props     Costume     Sound

Lighting     Backstage     FOH     Directing

### Subscription

Student Membership (16-20) \$10     Full Membership \$15

Please forward this completed form with payment to:

The Treasurer, Katikati Theatre Inc, 3 Ludlow Place, Katikati 3129.

Received from: .....

Amount: .....    Date: .....

Membership type:    Full:     Student: