



Kucom Theatre Inc.

PO Box 1130, MACKAY QLD 4740

ABN: 27691742387

kucomtheatre.mackay@gmail.com

www.kucom.org.au

Ph: 0439685548

APPLICATION FOR MEMBERSHIP

Kucom membership is from 1st January to 31st December each year.

Please select one of the following categories:

- | | | |
|--------------------------|--|------|
| <input type="checkbox"/> | Full Active Member
(involved in any capacity, full voting rights) | \$40 |
| <input type="checkbox"/> | Full Active Member – each additional family member
(involved in any capacity, full voting rights) | \$30 |
| <input type="checkbox"/> | Associate Member
(enjoy all privileges, no voting rights, cannot hold office) | \$27 |
| <input type="checkbox"/> | Junior Member
(under 18, no voting rights, cannot hold office) | \$20 |

Name: _____

Address: _____

Postcode: _____ Ph: _____ Mobile _____

Email: _____

What activities would you like to be involved in?

- | | | |
|---|---|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Advertising / PR | <input type="checkbox"/> Assistant Director |
| <input type="checkbox"/> Backstage | <input type="checkbox"/> Costumes | <input type="checkbox"/> Director |
| <input type="checkbox"/> Film Unit | <input type="checkbox"/> Front of House / Bar | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> General Administration | <input type="checkbox"/> Grant Applications | <input type="checkbox"/> Hairdressing |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Makeup | <input type="checkbox"/> Organising Social Events |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Play Selection | <input type="checkbox"/> Play Writing |
| <input type="checkbox"/> Producer | <input type="checkbox"/> Props | <input type="checkbox"/> Repairs / Maintenance |
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Set Design | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Theatre Sports | |
| <input type="checkbox"/> Would you like to be informed of volunteer or paid work if it becomes available? | | |

Do you hold any of the following certifications/qualifications?

- Blue Card or Exemption
- First Aid
- Responsible Service of Alcohol
- Working at Heights
- Workplace Health and Safety Training
- Trade Qualifications (please specify):

Payment

- Cash
- Cheque (payable to Kucom Theatre Inc.) to mailing address as above
- Direct deposit to Kucom Theatre Inc. BSB 484 799 Account #203823067 (please include your surname as the reference)

Signed: _____

Date: _____

Secretary: Carolyn Roche

President: Joe Clutterbuck
Vice President: Bronwyn Grannall

Treasurer: Tessa King