



The Fab Factory  
 Factory 33  
 Industry Place  
 Bayswater 3153

# Membership Form

## Personal Details

First Name	Surname
Address	
Suburb	Post Code
Home Phone	Work Phone
Mobile Phone	Email Address
Birthday	Work Industry

I wish to be added to the Fab Nob Mailing / Email List **YES / NO**

## Membership Types

- Patron** \$150.00 per Financial Year
- General Member** \$25.00 per Financial Year

## Participation

I am keen to contribute in the following area's:

- |                                   |   |  |  |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Singer   | <input type="checkbox"/> Director         | <input type="checkbox"/> Stage Manager     | <input type="checkbox"/> Promotions/Publicity    |
| <input type="checkbox"/> Actor    | <input type="checkbox"/> Musical Director | <input type="checkbox"/> Stage Crew        | <input type="checkbox"/> Production Co-ordinator |
| <input type="checkbox"/> Dancer   | <input type="checkbox"/> Choreographer    | <input type="checkbox"/> Set Building      | <input type="checkbox"/> Costume Design          |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Set Design       | <input type="checkbox"/> Lighting Operator | <input type="checkbox"/> Costume Co-ordinator    |
| Instruments                       | <input type="checkbox"/> Lighting Design  | <input type="checkbox"/> Sound Operator    | <input type="checkbox"/> Committee Rep           |
| 1                                 | <input type="checkbox"/> Sound Design     |  | <input type="checkbox"/> Ticket Sales            |
| 2                                 |   |  | <input type="checkbox"/> Front of House          |

## Authorisation

I,..... (Full Name of Applicant) of the above listed address desire to become a member of **FAB NOBS THEATRE INC.** In the event of my admission as a member, I agree to be bound by the Constitution of the Association for the time being in force.

..... Signature	..... Date
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I,..... (Name of Member) a member of the Association nominate the applicant for membership of the Association

..... Signature of Proposer	..... Date
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President: Leane Gooding  
 Treasurer: Aleisha Wentman  
 Secretary: Graham Andrew

www.fabnobstheatre.com.au