



'Providing opportunities for participation in the Performing Arts for people with disabilities and their families.'

2019 Membership Application

Troupe Member Details

Full Name			
DOB		Mobile	Gender M / F
Street			
Suburb		Postcode	
Do you identify as Aboriginal, Torres Strait Islander or culturally and linguistically diverse? Y / N			
Is there another person authorized to act on your behalf Y / N			
Is yes, who?			

Primary/Alternate Contact Details for Correspondence

Full Name			
Street			
Suburb		Postcode	
Home Phone		Mobile	
Email			

Emergency Contact Information (Person to be contacted in case of emergency)

Name		Relationship	
Home Phone		Mobile Phone	

Medical Information

Disability/medical condition	
Allergies and Alerts	
Additional Advice	
Medications *is assistance required?	

Your gifts/talents/aspirations/training. Please tell us about your self

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Payment Details

2019 Annual Membership Fee: \$100 Due and payable by **1st March 2019**

*Please find enclosed a cheque / money order/ below for

\$..... Membership \$..... Donation (Thank You) Total \$.....

OR Direct Deposit to:

Heritage Building Society

Account name: The Sunshine Troupe Inc.

BSB: 638 070

Account Number: 12139483 S21

Please Reference : MEM - your Last Name and Initials (or Organisation) (eg "MEM Smith JA") and email deposit details to Treasurer at runcie@iprimus.com.au

Media Consent

I give permission that whilst attending any Sunshine Troupe event, photographic images – stills and video - may be taken of me and my family members.

I give permission to The Sunshine Troupe to use the aforementioned images for the purposes of advertising, fundraising, awareness raising, information, funding submissions, reporting and any other purpose at the discretion of The Sunshine Troupe.

YES / NO

Signed : _____ Date _____

Please indicate your availability below:

I am available to help during classes (approx. once/month)..... YES / NO

I would like to join the management committee..... YES / NO

Other eg. Performances, costumes, fundraising etc.....YES / NO

Signed (Individual) _____

Date / /

Signed (Parent/Guardian) _____

Date / /