

REVIVE THE REGENT THEATRE MUDGEES INC EST 2019



MEMBERSHIP APPLICATION FORM

| | |
|------------------------------|-----------|
| NAME | |
| BUSINESS NAME(if applicable) | |
| MAILING ADDRESS | |
| STATE | POST CODE |
| | |
| MOBILE PHONE | |
| HOME PHONE | |
| E-MAIL ADDRESS | |

| | | |
|---------------------------------------|--|------|
| Tick below to outline membership type | | |
| <input type="checkbox"/> | Full Price Member | \$50 |
| <input type="checkbox"/> | Concession Price Member | \$35 |
| <input type="checkbox"/> | Student Price Member | \$20 |
| <input type="checkbox"/> | Membership to remain anonymous to public recognition | |

* Refer to website for members inclusions and benefits.

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| <p>Payments made to: Please include applicants name as the reference. Revive The Regent Theatre Mudgees Inc</p> <p>BSB: 062 577 Account: 10300706</p> | <p>Please send application form to either of the following: PO BOX 522 Mudgees, NSW 2850 OR revivetheregent@gmail.com</p> <p>ABN 33864910419</p> |
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