

APPLICATION FOR MEMBERSHIP SLAMS MUSIC THEATRE COMPANY INC

I,....., apply to become a member of the company.

In the event of my admission as a member, I agree to abide by the rules of the Association for the time being in force.

Signature

Date

First Name:	
Surname:	
Address:	
Suburb:	
Postcode:	
Phone Home:	
Phone Work:	
Mobile:	
Email:	

**Return To:
Membership Registrar
SLAMS Music Theatre Company Inc.
PO Box 5059
Studfield Vic 3152**