

SOUTHERN PENINSULA PLAYERS THEATRE GROUP Inc.
P.O. Box 197 Rosebud, Victoria, 3939

MEMBERSHIP APPLICATION/RENEWAL FORM

(Please **print** information)

Name _____

AddressPostcode
.....

Home phone Mobile

E-mail

Birthday D.O.B. (only if you wish)
.....

Membership fees for 2007- 2008

No. of Adults @ \$15.00 \$

Family @ \$ 20.00..... \$

No. of Full-Time Students @ \$10.00 \$

No. Pension/HealthCare Holders @ \$10.00 \$

Subscribers / Associate @ \$10.00 \$
(Newsletter)

Please find enclosed my (please circle one)

Cheque

Money Order

Cash

Signature _____