

~ MORNINGTON CEF PLAYERS Inc. ~

P.O.Box 90
Mornington. 3931

NEW MEMBERSHIP / RENEWAL OF MEMBERSHIP 2009

First Name: _____ **Surname :** _____

Address:

Street: _____

Suburb: _____ State: _____ Postcode: _____

Phone Numbers:

Home: _____ Work: _____

Mobile: _____

Email Address: _____

D.O.B: / / *[optional inclusion of year]*

Membership Fees:

Annual Membership is for a 12-month period, from January 1st to December 31st in any year, and includes insurance, CEF Newsletter, general company expenses and preferential bookings for all CEF performances.

Please note for cast members of current productions (unless already a current financial member) membership is due on the first rehearsal date.

Please make cheque payable to "Mornington CEF Players". Thank you.

- | | | | |
|--------------------------|-------------------|---------|--|
| <input type="checkbox"/> | Single: | \$25.00 | |
| <input type="checkbox"/> | Family: | \$40.00 | <input type="checkbox"/> NEW MEMBER |
| <input type="checkbox"/> | Concession: | \$20.00 | |
| <input type="checkbox"/> | Child: | \$15 | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> | Associate Member: | \$15 | |

Additional Family Members

_____ Birthday (year optional) _____

_____ Birthday (year optional) _____

_____ Birthday (year optional) _____

Signature of applicant: _____ Date: / / 20