



**WILLOUGHBY THEATRE CO INC**  
**PO BOX 308 CHATSWOOD NSW 2057**  
 ABN 92 843 102 406  
 PHONE: 1300 727 440  
 EMAIL: [INFO@WILLOUGHBYTHEATRECO.COM.AU](mailto:INFO@WILLOUGHBYTHEATRECO.COM.AU)  
 WEB: [WWW.WILLOUGHBYTHEATRECO.COM.AU](http://WWW.WILLOUGHBYTHEATRECO.COM.AU)

NOTE: This form must accompany all membership payments

I wish to become a member / renew my membership with Willoughby Theatre Co Inc for the period 1 January 2017 to 31 December 2017. I acknowledge that as a member I am subject to the Rules of the Company and if applicable, the terms of each show as stipulated on the show information sheet.

Name.....

Address.....

.....Post Code .....

Telephone ..... (home).....(mob)

Email .....

Enclosed is my payment of \$\_\_\_\_\_ Membership: \$25.00  (tick)  
 -Cash  -Cheque  -Credit Card (please tick) Show fee: \$\_\_\_\_\_  (tick)  
 Merchandise: \$\_\_\_\_\_  (tick)

Signature\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Card Type:</b> (please tick)	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<b>Number:</b> _____	
<b>Amount:</b> \$ _____	<b>Expiry Date:</b> ____/____
<b>Cardholder's Name</b> (please print) _____	
<b>Cardholder's Signature:</b> _____	<b>Date:</b> ____/____/____

NOTE: Payment is not deemed to have been received until funds are cleared in the Company's bank account.