

* Discounted membership applies for the 2nd and subsequent members from the same residential address.

The membership year is January to December. Members joining after September 30 each year do not pay membership fees for the following year.

Cheques should be made payable to **Castle Hill Players Inc.**
Please do not send cash by mail.

PLEASE TICK ANY AND ALL AREAS THAT INTEREST YOU...

- Acting
- Costume Design/Making
- Directing
- Lighting Design
- Lighting Operation
- Make-up
- Prompting
- Publicity
- Set Design
- Set Construction
- Sound Design
- Sound Operation
- Stage Management

- Box Office
- Front-of-house - Ushering/Refreshments**

** *Please remember* - a condition of membership is that each member is expected to assist in Front-of-house (FOH) duties at least once a year.

CASTLE HILL PLAYERS INC THE PAVILION THEATRE

MEMBERSHIP APPLICATION FORM

**Join one of Sydney's finest
Community Theatre groups!**



Castle Hill Players / The Pavilion Theatre
Doran Drive, Castle Hill (inside the showground)
www.paviliontheatre.org.au



**CASTLE HILL PLAYERS
ALWAYS WELCOMES
NEW MEMBERS!**

The Castle Hill Players were established in 1954 and have called the Pavilion Theatre our home since 1966.

Every year we strive to produce a season of plays that delight, entertain and excite our patrons – a goal made possible only by the input of our talented and committed members.

Be they on the stage or behind it, working the box office or front-of-house, directing, acting, set building, costuming, painting or administrating, our members are all volunteers. Volunteers that have ensured CHP's reputation for the very high standard of all our productions.

Full membership is open to anyone over the age of 16 and experience or expertise is not a requirement. All that is needed is an interest – in any aspect of theatre craft! We gladly offer training and the opportunity to gain experience in all areas of production - be it acting, directing, technical (sound and lights), set design and construction, stage management, publicity - too many to mention.

We also offer other activities from time to time such as workshops in lighting, acting classes, one-off performances, social functions – all of which will enable you to expand your skill set, make new friends and experience the rush of being involved in a creative pursuit.

Membership Has Its Benefits!

As a CHP member, you are entitled to significantly discounted tickets to opening and closing nights at the Pavilion Theatre.

A member's newsletter delivered straight to your email inbox detailing upcoming auditions and news items about your theatre.

Partake in our opening night festivities. Meet new people from many different walks of life and enjoy the camaraderie of fellow theatre lovers.

The adulation of audiences as they enjoy the fruits of your creative labour!

Of course, there is also an opportunity to become involved in the management of CHP itself. Castle Hill Players is an incorporated organisation with day to day operations in the hands of a Management Committee.

There are annual elections and at least two general meetings of members throughout the year.

All members are automatically covered for Voluntary Workers Insurance and you must be a member if you wish to volunteer in any way. CHP members are also expected to undertake front-of-house duties at least once a year.

Please complete this application form in full (both sides) and return to:

The Membership Officer
Castle Hill Players Inc
PO Box 222 Baulkham Hills NSW 1755

Or scan and email the form back to:
membership@paviliontheatre.org.au



MEMBERSHIP APPLICATION

Please PRINT your details clearly.

First name _____ Family name _____

Address _____

Postcode _____

Email _____

Home Ph _____

Mobile Ph _____

Work Ph _____

AGE GROUP (Please circle)

16 - 25 26 - 35 36 - 45 46 - 55 56+

	Membership	Discount <small>*see reverse side</small>
<input type="checkbox"/> Ordinary	\$30	20
<input type="checkbox"/> Student	\$15	10
<input type="checkbox"/> Concession	\$15	10

I wish to become a member of the Castle Hill Players Inc. and enclose my membership fee.

TOTAL: \$ _____ Date ____/____/____

PAYMENT Cheque Cash Credit Card

CREDIT CARD AUTHORITY

Name on card _____

Card No. ____/____/____/____

Expiry date _____ Validation/Security no. _____
(last 3 digits on back of card)

Signature _____



please complete reverse side