



Gemco Players Community Theatre Inc
 PO Box 480 Emerald, VIC 3782 A0029463
 Gemco Hotline: 03 5968 2844
 www.gemcoplayers.org

GEMCO Membership Form

By enrolling as a member of Gemco Players you are entitled to a number of exciting benefits including:

- Our monthly newsletter posted / emailed to you
- Discount tickets to Gemco Performances
- Insurance cover during Gemco activities
- Cheaper hire of the Gemco hall and costumes

Please complete the following details

Date: ___/___/___

Type of Membership: *[please circle]* **Adult Single** **Family** **Youth[under 18]** **Junior / Inters / Senior**

Name (please print) _____

Address (postal): _____

Suburb: _____ Post Code: _____ State: _____

Email: _____

Please note: unless otherwise requested, newsletters will be delivered via email.

Home No: _____ Work: _____ Mobile _____

Parent(s)/Guardian(s) names (if under 18): _____

How did you find out about Gemco? _____

Please note the areas you have experience in, or would be interested in getting involved in:

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Costumes | <input type="checkbox"/> Front of House | <input type="checkbox"/> Social events |
| <input type="checkbox"/> Improvising | <input type="checkbox"/> Set design | <input type="checkbox"/> Writers Carriage | <input type="checkbox"/> Committee |
| <input type="checkbox"/> Backstage | <input type="checkbox"/> Set building | <input type="checkbox"/> Production | <input type="checkbox"/> First Aid trained?? |
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> Lighting | <input type="checkbox"/> Coordination | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Props | <input type="checkbox"/> Sound | <input type="checkbox"/> Working Bees | |

Payment Details [please circle]	Term 1	Term 2	Term 3	Term 4
Membership Type	Adult Single \$15.00	Family \$25.00	Youth [18 years and under] \$10.00	
Method of Payment	Cash	Cheque	Money Order	Credit Card

Date Membership Paid : _____ Receipt No: _____

Received By: _____

Entered on computer: _____

OFFICE USE ONLY

Exact Name on Card: _____ Type of Card: _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Expiry Date: _____

For a total of \$ _____ Cardholder's signature: _____

Youth Medical / Permission Form

Please complete all the following details.

Any applicable medical conditions: _____

Does your child suffer from asthma? _____

Family Doctor Details

Name (please print): _____

Clinic Address: _____

Clinic Phone Number: _____

Doctor's Mobile: _____

Do you have ambulance membership? Yes No

Medicare Number: _____

In case of an emergency I, _____ parent/ guardian of _____
give permission for the appropriate authoritative member of Gemco to seek medical assistance when
deemed necessary. In case of an emergency I should be contacted on the phone number
_____ but if I cannot be contacted then _____ should be called
on the phone number _____.

I, _____, parent/ guardian of _____ give permission for
the appropriate authoritative member of Gemco to take my child on excursions within 2 kilometers of the
Gemco Hall (Kilvington Drive, Emerald). I also agree that photos of my child taken for the purpose of Gemco
productions (ie. for the programme) may only be used for relevant Gemco promotional material on-line and in print,
with approval of the Gemco committee.

I also nominate that only the following people may pick up my child from the Gemco Hall after youth group, other
than myself.

1. _____ Ph: _____

2. _____ Ph: _____

3. _____ Ph: _____

4. _____ Ph: _____

5. _____ Ph: _____

Signed: _____ Date: ____ / ____ / ____