



## Membership Application Form

Mr Mrs Ms Miss (Please circle)

Name .....

Address .....

Phone .....

Email .....

<30 Membership Fee \$10 for 12 months

I enclose a cheque for .....

or please charge my credit card

Visa  Mastercard

Card Number ..... Expiry Date .....

Name on Card .....

Signed .....

I would like to receive electronic or posted mailings from The Fortune Theatre on other special offers or upcoming productions Yes No (please circle)

Email Address .....

Signed .....

Date .....

Please mail this form with your cheque if applicable to:

The Fortune Theatre  
<30 Membership  
PO Box 5351  
Dunedin

All new members receive a Free Programme & Free tea, coffee or soft drink!