



Elanora Players Incorporated – Membership Form

Paying by (tick box) Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	
Date	Mr Mrs Ms (please circle)
First Name	Surname
Street	
Suburb	Post Code
Home Phone	Work Phone
Mobile	E-mail
<u>If you wish to pay by credit card please tick credit card name box below and complete other details</u>	
Credit Card: Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Card Number:	
Card Name:	Expiry Date:
Signature:	
<p style="text-align: center;">Membership Fee \$30.00</p> <p style="text-align: center;">Please note you must be a financial member of the Elanora Players Incorporated to take advantage of the Voluntary Workers Personal Accident insurance.</p> <p style="text-align: center;">Send Membership Fees and Questionnaire to The Treasurer Elanora Players Incorporated PO Box 154 Narrabeen NSW 2101</p>	
Office use: Added to Membership List <input type="checkbox"/> Credit Card Payment Sent <input type="checkbox"/> Date / /	