



MEMBERSHIP TO 31 DECEMBER 2024

NAME: _____

ADDRESS: _____

PHONE NO: _____

EMAIL: _____

FAMILY MEMBERS WISHING TO JOIN AT THE SAME ADDRESS

NAME: _____ Are they ADULT/CHILD

NAME: _____ Are they ADULT/CHILD

NAME: _____ Are they ADULT/CHILD

Membership fees

Adult \$20

Child (under 18 years) \$10

Total Amount paid: _____ Date paid: _____

Payment

- via Internet banking: 06-0730-0116400-00 – please include your name and “membership” for our reference.

Please send completed form:

- via email to coastersmt@gmail.com or
- via post to Secretary, Coasters Musical Theatre, PO Box 658, Paraparaumu

We would love to know what areas you are keen to help us with or any special skills that you have that would be useful within Coasters e.g. production management, costumes, administration, musician etc.

Would you be keen to help with front of house for future shows? YES/NO