



Armidale Drama and Musical Society Inc.

## Membership Form

**Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email: (mandatory)** \_\_\_\_\_

**Membership type (Please circle):**

**Student (Under 18)                      \$5**  
If under 18 (unable to vote), please state your age \_\_\_\_\_

**Student (Over 18)                      \$5**

**Single                                      \$10**

**Family                                      \$20**

**Area of Interest**

- Performance**
- Technical (lighting/sound)**
- Backstage/set building/wardrobe**
- Front of House**
- All of the above**
- Other (please specify)**

**Rights and responsibilities:** [Code of Conduct](http://www.adms.org.au/about-us) may be found here [www.adms.org.au/about-us](http://www.adms.org.au/about-us)

**Please attach cheque and send to:**

Membership Secretary  
ADMS  
PO Box 13  
Armidale, NSW,2350

**Or pay directly to:**

Greater Bank  
BSB 637000  
Account No: 718444616

Reference: (your name) This is important so we can identify your payment

**The membership will be valid until the following AGM.**