

Membership Application Form

Title	First Name	Initial
Last Name:		
Address:		
Suburb:	p/c	
Phone: a/h		
b/h		
fax:		
mobile:		
email:		

Membership Subscriptions

Single Member \$25

Double or Family Membership \$45

Payment made by

- Cash
- Cheque
- Money Order

Date. ___/___/____

Post to The Friends of the Theatre Royal, GPO Box 145, Hobart 7001