



# Whangarei Repertory Society Incorporated

## Membership Application

Please tick **ONE** option only – one form per person:

- Single Membership                      \$20.00 per annum  
 Family Membership                      \$30.00 per annum

These memberships entitle you to a discount per ticket for the shows when your membership card and ID is presented at the time of booking.

### Contact Details

Name\*: .....

Address\*: .....

Post Code\*: .....      Email: .....

Phone: .....      Mobile\*: .....

Signed\*: .....      Date\*: .....

\*Required fields

**Post form** with payment (if applicable) to:  
Octagon Theatre, P O Box 560, Whangarei 0140, OR

**Pay Online:** Octagon Theatre Bank Account: **06-0493-0103082-00.**

Please add references 'your name' and 'member option', then post your form to the P O Box address above so that we may keep our database up to date.