

ROYAL FAMILY

Membership application



NAME 1

NAME 2 (if double membership)

ADDRESS

CITY

POST CODE

EMAIL

DAY PHONE

CELL PHONE

I am applying for (tick one)

Single membership for \$35

Double membership for \$50

I would like my name put forward for the ushering list (circle one) YES / NO

I consent to receiving updates from the Theatre Royal about upcoming events.

SIGNED

Please make cheque out to "Nelson Historic Theatre Trust"
Send this form and a cheque to

"ROYAL FAMILY"
NELSON HISTORIC THEATRE TRUST
P O BOX 1461
NELSON