



Sunshine Coast LIVE Membership Form. 2019



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|------------------------|-----------------------------------------|
| Organization Name | |
| ABN | |
| President/Manager Name | |
| Contact: email: | |
| Contact: phone: | |
| Representative #1 | Required (can be the President/Manager) |
| Name: | |
| Contact: email: | |
| Contact: phone: | |
| Representative #2 | Optional |
| Name: | |
| Contact: email: | |
| Contact: phone: | |

By signing this form on behalf of the organisation mentioned above, I hereby agree that the organisation will abide by the Sunshine Coast LIVE (Sunshine Coast Theatre Alliance Inc. [SCTA]) rules & vision statement in respect to matters affecting the SCTA and its' members.

Signed.....

Date.....

Please email this form to the secretary secretaryscta@gmail.com Please make all enquiries via the secretary.
 Make payment via either direct deposit (preferred) or cheque.
 Direct Deposit to Bendigo Bank with reference --"organization name"_member
 Make cheque payable to Sunshine Coast Theatre Alliance Inc. Post to SCTA @ PO Box 490 Nambour 4560

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|------------------------------------------------------|
| Bank Details: Sunshine Coast Theatre Alliance |
| Bendigo Bank |
| BSB: 633-000 |
| Account: 151977840 |