

Invercargill Musical Theatre Inc

Membership form

Name:

Address:

Phone:

Mobile:

E. Mail address:

Date of Birth:

Occupation:

Membership type _____ **Fee \$** _____

How do you wish to receive IMT Information

Email: _____

Mail: _____

We ask these following questions as we have workshops and seminars, which may be of interest to you. We also contract businesses to assist us in our operations. These benefits we like to pass onto our members.

What are your hobbies and interests?

Your occupation and other relevant skills?

Return to craig.imt@xtra.co.nz

Or

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Ph +64 3 218 4440**