

# SUBSCRIPTION APPLICATION FORM

Please complete this section and post to:-

The Adelaide Repertory Theatre Inc.  
53 Angas Street, ADELAIDE, SA 5000

Membership Enquiries: phone 8212 5777

Mr

Mrs

Ms

Miss

(please tick box)

Surname

Given Names

Address

Postcode

Phone (home)

Email

I enclose my cheque for \$ \_\_\_\_\_ being for

\_\_\_\_\_ Single subscription @ \$64 each

\_\_\_\_\_ Double subscription @ \$128 each

Payable to: **"The Adelaide Repertory Theatre Inc."**

or charge my: **Visa**  **Mastercard**  **Bankcard**

Card Number:

Security Code:

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_