Complete form on screen and then print and sign, or print, complete by hand, and sign.

# FAMS THEATRE COMPANY INC. PAYMENT FORM

**PLEASE PRINT**

**Return this form with payment to the Treasurer.**

Name(s): ______________________________

Address: ______________________________

Suburb: ____________ State: ________ Pcode: ________ Home Phone: ____________

Payment for:
- ☐ Individual Membership ($40)
- ☐ Show Fee ($40)
- ☐ Show Fee Deposit ($30)
- ☐ Score / libretto / script
- ☐ Costume
- ☐ * Credit Card Transaction Fee ($2)
- ☐ Other (specify ______________________________

Payment of: $ ____________ by: ☐ Cash ☐ Cheque ☐ * Mastercard ☐ * Visa

Credit Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name On Card: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ☐☐ / ☐☐

Signature: ______________________________ Date: ____________
(signed by parent if under 16)

Parent's Name (if under 16): ______________________________

(PLEASE DO NOT WRITE BELOW THIS LINE) ☐ checked ☐ entered ☐ receipt issued

FAMS Payment Form 2009

Reset Save Print