



# **AGEHI THEATRE GROUP**

## **Membership Form (Individuals)**

*Picture*  
*(2 \*Passport size)*

**Name:**

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**Gender:**

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**Father's Name:**

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**NIC #**

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**Age:**

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**Address:**

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**Phone #**

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**Cell #**

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**Fax #**

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**E-mail:**

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**Education:**

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**Work Experience (Drama/Theatre)**

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**Any Expertise:**

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**Profession:**

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**Organization (if any)**

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**Areas of interest**

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**Why you want to work in AGEHT Theatre Group?**

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**SIGNATURE (Member):**

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**Rules & Regulations**

- Member is supposed to deposit fee of Rs.1007 year.
- Individual is required to attend quarterly meetings.
- Must give creative inputs.
- Individual has to show enthusiasm.
- If the member does not give any input through out the year, the membership will not be renewed.
- Membership is Non-Transferable.

AGEHI Theatre Group reserves the right to select / reject or cancel the membership. E-mail:  
agehi\_theatregroup@hotmail.com