

APPLICATION FOR MEMBERSHIP



Title Mr/ Mrs / Ms. / Miss / Other _____

Name: _____

Address: _____

Postcode _____

Daytime No. _____

Evening No. _____

Mobile No. _____

E-Mail Address _____

What is your day job? _____

Please include details of any theatrical experience you've had overleaf

	Soprano	Alto	Tenor	Bass
Vocal Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a dancer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

There are many roles and jobs in TWODS for which we need volunteers. Please tick any that you would be willing to help with if called upon. **Everyone to tick at least one box.**

Six Sheet Boards	<input type="checkbox"/>	Back Stage Crew	<input type="checkbox"/>	Ticket Sales	<input type="checkbox"/>
Front of House	<input type="checkbox"/>	Prompt	<input type="checkbox"/>	Charities	<input type="checkbox"/>
Show Promotions	<input type="checkbox"/>	Make-up	<input type="checkbox"/>	Wardrobe	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	Librarian	<input type="checkbox"/>	Props	<input type="checkbox"/>
Minute Secretary	<input type="checkbox"/>	Catering	<input type="checkbox"/>	Pianist	<input type="checkbox"/>

If accepted for membership, I agree to contribute such amount as may be required, not exceeding £1, to the Charity's assets if it should be wound up while I am a member or within one year after I cease to be a member

Signed _____ Date subscriptions paid _____

Please return to Colin Moore, 12 Oaklands Road, Groombridge, Tunbridge Wells, Kent, TN3 9SB