

APPLICATION FOR MEMBERSHIP



Title:	Mr.		Mrs.		Ms.		Miss		Other:	
Full name:										
Address:										
										Postcode:
Daytime No.					Evening No.					
Mobile No.					E-mail:					
Occupation:					Date of birth:					

Please provide details of any theatrical experience you have had (overleaf)

Vocal Range	Soprano		Alto		Tenor		Bass	
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Are you a dancer?	Yes		No		Mover		<i>Please provide any details on separate sheet</i>
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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 *[Please tick at least one box]*

Six Sheet Boards		Back Stage Crew		Ticket Sales	
Front of House		Prompt		Charities	
Show Promotions		Make-up		Wardrobe	
Social Activities		Librarian / Archivist		Props	
Minute Secretary		Catering		Pianist	

We will share your information with the Assembly Hall Theatre to enable them to process your ticket orders as a Member and / or Friend of TWODS. You agree that the Assembly Hall can provide booking and other information to us to assist us in managing the business of our organisation, including, but not limited to, marketing of TWODS shows.

Please tick below as appropriate:

I am happy to receive information from the Assembly Hall by post	
I am happy to receive information from the Assembly Hall by email	

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 (for office use only):	
Date:			

Please return this form by emailing membership@twods.org