



APPLICATION FOR MEMBERSHIP 2019/20

(Please complete using block capitals)

NAME					(Mr/Mrs/Miss/Mx)
ADDRESS					
			POST CODE		
TELEPHONE (DAY)		(EVENING)		(MOBILE)	
EMAIL ADDRESS					

By providing an email address you agree to receiving emails relating to membership matters, productions, play readings, auditions and social events. If you wish to opt out of publicity emails please tick here []

Please indicate your main areas of interest:

Acting	<input type="checkbox"/>	Directing	<input type="checkbox"/>	Musical Theatre	<input type="checkbox"/>
Set Building	<input type="checkbox"/>	Set Painting	<input type="checkbox"/>	Set Décor	<input type="checkbox"/>
Stage Management	<input type="checkbox"/>	Stage Crew	<input type="checkbox"/>	Prompting	<input type="checkbox"/>
Sound Design	<input type="checkbox"/>	Lighting Design	<input type="checkbox"/>	Sound/Lights Operation	<input type="checkbox"/>
Set Design	<input type="checkbox"/>	Wardrobe/Costumes	<input type="checkbox"/>	Props	<input type="checkbox"/>
Publicity	<input type="checkbox"/>	Helping with Youth Theatre	<input type="checkbox"/>	Chaperone	<input type="checkbox"/>
Production Assistant	<input type="checkbox"/>				

If you are interested in acting, what is your 'stage age' for casting purposes (tick one or more);

Under 20	<input type="checkbox"/>	20-30	<input type="checkbox"/>	30-40	<input type="checkbox"/>	40-50	<input type="checkbox"/>	50-60	<input type="checkbox"/>	Over 60	<input type="checkbox"/>
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Recent relevant experience:

PLEASE RETURN THIS FORM TO THE MEMBERSHIP SECRETARY, MARGARET CULVER, 8 FRITHS DRIVE, REIGATE, RH2 0DS

The Annual Subscription for 2019/20 is £20 for adult members and £15 for Young Players

I enclose a cheque payable to The Miller Centre Theatre Company

I will pay by Direct Debit (*Click on the GoCardless button on our website for our secure signup page*)
Direct Debit payments – first payment now and subsequent subscription payments on 2 August annually

To comply with Licensing requirements, we need to know if you are under 18. If you are this form must be countersigned by a parent or guardian. I am over 18 I am under 18 I am a member of the Young Players

SIGNATURE.....DATE.....

CONSENT FORM

I give my consent for (name of child).....to join The Miller Centre Theatre Company and acknowledge that they may be involved in any of the activities listed above, including social events held at the Miller Centre.

Parent or Guardian's signature.....Date.....Child's DOB...../...../.....