

Worthing Drama Company

MEMBERSHIP APPLICATION FORM 2017/18

I wish to join WDC as a (please tick box as appropriate):

Standard Member: £20.00

Under 18 Member: £10.00

I understand that this is the Society's Membership Fee for 2016/17 and that to perform in WDC productions I may also need to pay an additional fee (i.e. for hire of rehearsal materials or scripts).

Title: Mr/Mrs/Miss _____

Name _____

Postal address: _____

Postcode: _____

Telephone _____

Email: _____

Past experience: _____

Please tick all areas that are of interest to you: Acting Directing Sound Props

Stage Management Set Design Front of House Lighting Costume Make-Up

Please note that under the Data Protection Act, 1998, the Society is required to obtain your permission to hold information about you: as part of this application you give the Society permission to collect, retain and process the information submitted on this form. Members who are over the age of 70 are unable to be covered by the Personal Accident section of the Society's insurance policy. By signing this form you are indicating that you have read and understand this.

I enclose remittance for £ _____

(Cheques should be made payable to Worthing Drama Company)

Signed: _____

Date: _____

For Society Use only:

SO/Cash/Cheque Date: Membership No: