

BURY THEATRE WORKSHOP

MEMBERSHIP FORM

Insert photo here



Surname:
First Names:
Date of Birth:
Age:
Sex M/F
How did you hear about us?
Introduced by:

Home Address:	
	Post Code:
Home Tel No:	Mobile No:
E-mail :	

EMERGENCY CONTACT (if different from above)

Surname:	First Names:
Mr/Mrs/Ms/Miss:	Relationship:
Address:	
	Post Code:
Tel-Home:	Tel- Work:
Tel-Mobile	E-mail:

PARENT/GUARDIAN DETAILS: (under 18's only)

Surname:	First Names:
Mr/Mrs/Ms/Miss:	Relationship:
Tel- Home:	Tel- Work:
Tel- Mobile:	E-mail:

MEDICAL-IS THERE ANY MEDICAL OR OTHER CIRCUMSTANCE OF WHICH WE SHOULD BE AWARE? YES/NO if YES please give details below:

OTHER INFORMATION:

PREVIOUS PERFORMING ARTS EXPERIENCE (if any):

MUSICAL INSTRUMENTS (if any)

SINGING:

Are you interested in ACTING, DIRECTING, LIGHTING, STAGE MANAGEMENT, COSTUME DESIGN, ETC..

ANNUAL MEMBERSHIP FEE IS £10 PAID ANNUALLY

Please note that, due to the demands of our insurers, only paid members may participate in BTW productions.

CHEQUES MADE PAYABLE TO "BURY THEATRE WORKSHOP"

Bank details for BACS – a/c 87823454 s/c 60-04-16

Post this completed form to The Membership Secretary, The Needles, 2 Pine Ley, Bury St Edmunds IP32 6EG

Or email to the Membership Secretary at dpurnell999@gmail.com

PAID BY:	RECEIVED BY:	Date:
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Please note: These records are held on file (paper and electronic). We do not disclose them to any 3rd party.

Health & Safety

It is BTW's policy to provide every parent/guardian with a copy of the health and safety policy when the child in their care first joins, and whenever the policy is amended. If you are not familiar with the policy please ask for a copy, at any time.

Photography & Video recording

Parents/guardians should notify the director, in writing, if they do not wish the child in their care to be photographed or filmed.

E-mail addresses: Please do not provide your email address if you don't wish us to use it to send you information we will not use your email address for any other purpose.