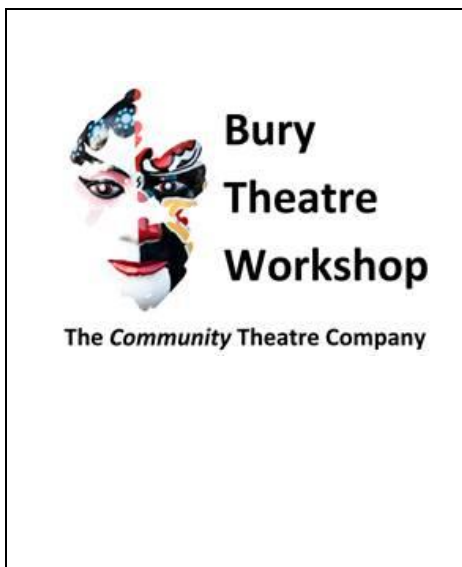


# BURY THEATRE WORKSHOP

## MEMBERSHIP FORM FOR 2017/18



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:**

Please note that participation in all productions and activities are taken at your own risk. Please notify us if you are not able to participate for any reason due to health limitations and so that we are aware of your circumstances in advance.

**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 AT THE AGM (JULY)**

*Please note that, due to the demands of our insurers, only paid members may participate in BTW productions. Payment can be made either via paypal on our website or by bank transfer to BTW - Bank details for BACS – a/c 87823454 s/c 60-04-16*

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

Or email to the Membership Secretary at [dpurnell999@gmail.com](mailto:dpurnell999@gmail.com)

*If paying by cheque, please make payable to “Bury Theatre Workshop”. If at all possible, we would prefer members to pay online via paypal or bank transfer for admin purposes. Thank you.*

**PAID BY:**

**RECEIVED BY:**

**Date:**

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.