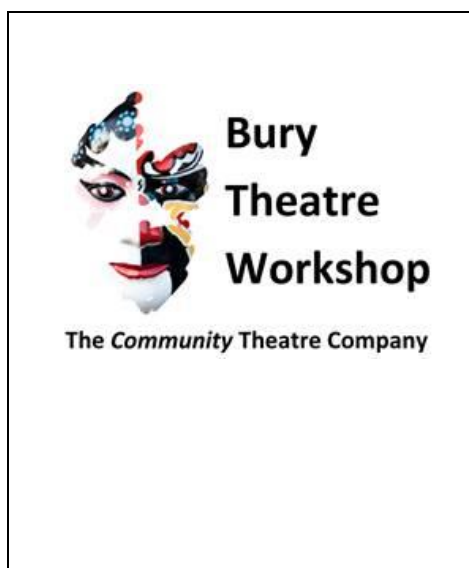


BURY THEATRE WORKSHOP

MEMBERSHIP FORM FOR 2018



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

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:
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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.



Bury Theatre Workshop

The *Community* Theatre Company

DATA PROTECTION – MEMBERS’ CONSENT

Please would you complete and sign the form below, confirming we hold your correct details and return the form with your completed membership form above. We need confirmation that you are happy that your contact details can be shared by other members for BTW purposes. Details of the new data protection legislation relating to this are on our website or can be obtained from our Secretary, Susan Richardson (email scr2208@hotmail.co.uk).

This is the data we will hold regarding yourself:

Name:

Address:

Phone number(s):

Email address:

I am happy for my contact details to be shared by other members of Bury Theatre Workshop for BTW purposes:

Signed:

Dated:

RETURN THIS FORM IN ONE OF THE FOLLOWING WAYS PLEASE:

- A) Scan the forms and email them to Dorothy Purnell; dpurnell999@gmail.com
- B) Print the forms and post them to Dorothy Purnell - The Needles, 2 Pine Leys Bury St Edmunds IP32 6EG
- C) If attending a rehearsal you can pass the hard copy signed forms with your membership fee to the Director who will pass it on to Dorothy Purnell, Membership Secretary. The same applies if you attend any other event such as a Workshop when you can pass the form on to the person running the workshop.