



APPLICATION FOR MEMBERSHIP 2024-25 SEASON

Please complete using BLOCK CAPITALS

NAME	<input type="text"/>	TITLE	<input type="text"/>	
ADDRESS	<input type="text"/>		POSTCODE	<input type="text"/>
TELEPHONE	<input type="text"/>	MOBILE	<input type="text"/>	
EMAIL	<input type="text"/>			

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:

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

IF YOU ARE INTERESTED IN ACTING, WHAT IS YOUR 'STAGE AGE' FOR CASTING PURPOSES (tick one or more):

- Under 20 20-30 30-40 40-50 50-60 60+

RECENT RELEVANT EXPERIENCE:

The Annual Subscription for 2024/25 is **£30** for adult members and **£21** for Young Theatre

- I enclose a cheque payable to 'The Miller Centre Theatre Company'
- I will pay by Direct Debit (Click on the GoCardless button on the 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 Theatre

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 Theatre.

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

PLEASE RETURN THIS FORM TO THE MEMBERSHIP SECRETARY, MARGARET CULVER:
EMAIL: margaretandvernon@btinternet.com POST: 8 Friths Drive, Reigate, Surrey RH2 0DS