



MEMBERSHIP APPLICATION

Surname

Forename(s)

Address

e-mail



Home



Work



Mobile

Membership Group (please tick / circle) and cost of membership

- All members (except Associates) are entitled to audition and perform / assist in shows performed by Wick Theatre Company
- Wick Theatre Company insurance may not cover you for certain activities if you are over 80, please speak with membership secretary for further details
- if under 18, we may require your DOB for Child Protection Procedures necessary during rehearsals / productions
- All information provided will be stored securely under Data Protection Procedures

* Youth (under 14) : £5		* Student : £15	
Adult : £25			
Associate (non-acting) : £15		Concessionary (over 60) : £15	

Which other theatre organisation/s are you – or have you - been involved with?
 Please tell us about your experience (roles played / shows directed) with those companies and why would you wish to join Wick Theatre Company?
 Please indicate your particular area/s of interest (ie Acting – Directing – Technical – Wardrobe – Music – Dance – Design – Social – Stage Management). Thank you.

Please mention any other relevant details – for example; interests/skills/hobbies, that might be relevant to the theatre and social group

DECLARATION

please complete the following declaration – *delete as necessary*

- I hereby apply to be accepted as a member of the Wick Theatre Company
- I undertake to observe the Constitution and Rules of the Wick Theatre Company – these may be found on www.wicktheatre.co.uk
- I understand that the Wick Theatre Company insurance, in addition to normal public liability cover, also provides members with limited cover for personal accidents (up to £10,000) and normal personal possessions (up to £500), whilst set-building, rehearsing or presenting stage plays which I am actively involved with, provided I can demonstrate due diligence.
- I understand that under Data Protection Act 1998 the personal information provided on this form will only be accessed for the purposes of company business such as sending me newsletters, contacting me about auditions and social events.
- I give permission for the following data to be circulated to company members – *delete as necessary* - and should any of my details change I will inform the Membership Secretary.

Name	yes - no	Telephone	yes - no
Address	yes - no	Email	yes - no

I enclose my subscription fee of £ ____ (which will be refunded if application is not accepted).

Signed by applicant dated

*If applicant under 16 years

Signed by applicant’s parent or guardian dated

Thank you for your application which will be considered at the next Executive Committee meeting. Formal acceptance will follow.

Please send your completed application to :

Membership Secretary, Wick Theatre Company
c/o Southwick Community Centre, Southwick Street, Southwick BN42 4TE