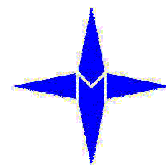


MILLER CENTRE PLAYERS



APPLICATION FOR MEMBERSHIP

NAME.....(Mr/Mrs/Ms/Miss)
(BLOCK CAPITALS PLEASE)

ADDRESS.....

.....POST CODE.....

TELEPHONE (DAY) (EVE) (MOBILE)

EMAIL ADDRESS.....

What are your main interests? Please indicate whether you can help regularly or occasionally.

	<i>Regular</i>	<i>Occasional</i>		<i>Regular</i>	<i>Occasional</i>
ACTING	<input type="checkbox"/>	<input type="checkbox"/>	MAKING SCENERY	<input type="checkbox"/>	<input type="checkbox"/>
SET DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	SCENIC PAINTING	<input type="checkbox"/>	<input type="checkbox"/>
SET DÉCOR (FURNITURE PICTURES, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>
WARDROBE / COSTUMES	<input type="checkbox"/>	<input type="checkbox"/>	PROPS	<input type="checkbox"/>	<input type="checkbox"/>
SOUND	<input type="checkbox"/>	<input type="checkbox"/>	Directing	<input type="checkbox"/>	<input type="checkbox"/>
PROMPTING	<input type="checkbox"/>	<input type="checkbox"/>	Youth Workshop	<input type="checkbox"/>	<input type="checkbox"/>
STAGE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
STAGE CREW	<input type="checkbox"/>	<input type="checkbox"/>			

If you are interested in acting, what is your "Stage Age" for casting purposes. (Tick one or more as appropriate.)

Under 20 20-30 30-40 40-50 50-60 over 60

Recent relevant experience :-

Please return this form with your cheque for £15.00 made payable to "Miller Centre Players" to the Hon. Secretary, Margaret Culver, 8 Friths Drive, Reigate, Surrey, RH2 0DS. (£2.00 of this fee is for the social fund.)

As part of our Child Protection Policy we need to know if you are under 18 .

I am over 18 (Please sign Below) I am under 18 (if under 18 please sign below and parent or guardian must sign the extra section below)

SIGNATURE..... DATE/...../.....

I give consent for (name of child).....to join the Miller Centre Players and acknowledge that they may be involved in any of the activities listed above, including social events held at the Miller Centre.

Parent or guardian's SIGNATURE..... DATE/...../..... Child's DOB...../...../.....

Data Protection Act 1984. It is intended to keep the above information on a computer database.

Registered Charity No: 1044236