

## APPLICATION FOR MEMBERSHIP

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

ADDRESS.....  
.....POST CODE.....

TELEPHONE (DAY) ..... (EVE) ..... (MOBILE) .....

EMAIL ADDRESS.....

By providing an email address you agree to receiving emails relating to membership matters, play readings, auditions and social events. If you wish to opt out of publicity emails from the Miller Centre, please tick here [ ]

What are your main interests? Please indicate whether you can / would like to help with:

ACTING	<input type="checkbox"/>	WARDROBE / COSTUMES	<input type="checkbox"/>
MUSICAL THEATRE <small>(SINGING, DANCING, etc.)</small>	<input type="checkbox"/>	SOUND DESIGN <small>(Sourcing effects and setting levels, etc.)</small>	<input type="checkbox"/>
DIRECTING	<input type="checkbox"/>	LIGHTING DESIGN <small>(Rigging, Focusing and Design)</small>	<input type="checkbox"/>
MAKING SCENERY	<input type="checkbox"/>	LIGHTING/SOUND <small>(OPERATION Running Pre-set shows)</small>	<input type="checkbox"/>
SCENIC PAINTING	<input type="checkbox"/>	PROPS	<input type="checkbox"/>
SET DÉCOR <small>(FURNITURE, PICTURES, etc.)</small>	<input type="checkbox"/>	SET DESIGN <small>(Make model / drawings, etc.)</small>	<input type="checkbox"/>
PROMPTING	<input type="checkbox"/>	YOUTH THEATRE <small>(HELPING WITH YOUNG PLAYERS)</small>	<input type="checkbox"/>
STAGE MANAGEMENT	<input type="checkbox"/>	<small>Please be aware you may be required to have a CRB check done</small>	
STAGE CREW	<input type="checkbox"/>	CHAPERONE <small>(If you are a Chaperone please include copy of CRB and chaperone card) (If not we can get you trained and certified to look after minors backstage)</small>	<input type="checkbox"/>
		OTHER (PLEASE SPECIFY)	<input type="checkbox"/>
		Publicity Help <small>(Help with publicity events)</small>	<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 cont. over if not enough room

**The Annual Subscription for 2017/18 is £20 for adult members and £15 for Young Players.**  
 I enclose a cheque payable to The Miller Centre Theatre Company  
 I will pay by Direct Debit (*Click on the GoCardless button on our website for our signup page*)  
 Direct Debit payments – first payment now and subsequent subscription payments on 2 August annually

**Please return this form to**  
The Hon. Secretary, Margaret Culver, 8 Friths Drive, Reigate, Surrey, RH2 0DS.

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)

If you are under 18 and you are part of the Young Player's, please tick this box

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

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 Centre.

Parent or Guardian's Signature.....Date...../...../..... Child's DOB...../...../.....

