

Membership Registration Form

Name:	Gender:	Junior
		Member:
		(u18) age
		(dio) age
Address		
Phone:	E Mail:	
Emergency Contact Name:	Emergency Contact Te	el No.:
,		
If under 18 please ask w	our parent / legal guardian to com	nlete the following:
ii ulidei 16, piease ask yd	di parent / legal guardian to com	piete the following.
Name:	E Mail:	
	<u> </u>	
Phone:	Relationship	
	to member:	
I/we have read, understand a	nd accept the rules and policies o	f the club as set out in the club
constitution, data protection	and child and vulnerable adult pro	otection policy documents. These
can be viewed at <u>www.warsa</u>	shtheatreclub.co.uk under 'Docur	ments'
Member's signature		
Provide the sales of	_	
Parent/legal guardian's		te
signature if member under 18		

Registration and subscription options

(tick as appropriate)

<u>Registration</u>		Print and complete this form using a black pen and hand it to a committee member or production director
	or	Print and complete this form using a black pen, then scan and email the scanned copy to info@warsashtheatreclub.co.uk
		Complete this form online and email it to info@warsashtheatreclub.co.uk
<u>Payment</u>	or	Hand cash or cheque made out to Warsash Theatre Club to committee member or production director <u>WITH THIS FORM</u>
		Make a BACS payment to Warsash Theatre Club;
		sort code 20-30-89, account number 90932280 Please use your name as the reference
		- reade ace year manne as ane reterence
Subscription co	<u>sts</u> (du	e annually on 1 st January)
Adult member:	£20	
Junior member	or men	nber in full-time education: £12

Payment due with registration