

Email: membershipsecretaryctw@gmail.com

MEMBERSHIP RENEWAL FORM

Please use **BLOCK CAPITALS** and send this form with a cheque or postal order (Not Cash) payable to Chelmsford Theatre Workshop to the address above. Upon acceptance of membership you will be issued with your membership card, a copy of our constitution and begin receiving our monthly newsletter by e-mail unless otherwise requested.

Title _____ Surname _____ Forename(s) _____

Address _____

Postcode _____ Date of Birth _____

Home Tel. No _____ Mobile Tel. No _____

E-mail Address _____

Data Protection Act 1998: As with many other groups we use a computer as a database to record essential membership details. This information will be used only within the group and will never be disclosed to any person or body of persons outside the group, except in furtherance of our activities or as required by law. Your signature, however, is required to indicate that you have no objection to us holding the information that you have provided on this form.

Signature _____

Date _____

Please remember to complete page two of this form

I wish to apply for the following category of membership and enclose the appropriate payment (Please select the relevant membership and, if applying for double or family memberships, please provide the other applicants' information below):

- | | |
|--|--------------------------|
| Single Membership £22.00 | ☐ |
| Joint Membership £36.00 | ☐ |
| 2 adults living at the same address | |
| Retired Membership £16.00 | ☐ |
| Family Membership* £44.00 | ☐ |
| 1 or 2 adults and their children or grandchildren under 18 | |
| Youth Membership £10.00 | ☐ |
| Individual under the age of 18 | |
| Student Membership £10.00 | ☐ |
| Individual in full-time education | |
| Unwaged Membership £10.00 | ☐ |
| Currently out of work and eligible for unemployment benefits | |
| Lifetime Membership £400.00 | ☐ |

Other Applicants' Names: Email Addresses (for newsletter distribution list)

- 1)
- 2)
- 3)
- 4)

*Family memberships are limited to four people.

Also, from the list below, please tick the activities in which you and/or your fellow applicants may be interested:

- | | | | | | |
|------------------|--------------------------|---------------------|--------------------------|----------------|--------------------------|
| ACTING | ☐ | SOUND TECH | ☐ | HAIR | ☐ |
| LIGHTING TECH | ☐ | SOUND DESIGN | ☐ | MAKE-UP | ☐ |
| LIGHTING DESIGN | ☐ | SET BUILDING | ☐ | PROMPT | ☐ |
| SET DESIGN | ☐ | DIRECTING | ☐ | POSTER DESIGN | ☐ |
| SET PAINTING | ☐ | ASSISTANT DIRECTING | ☐ | COFFEE BAR | ☐ |
| STAGE MANAGEMENT | ☐ | PROPS | ☐ | BAR | ☐ |
| STAGE CREW | ☐ | PUBLICITY | ☐ | BOX OFFICE | ☐ |
| | | COSTUME | ☐ | FRONT OF HOUSE | ☐ |