

APPLICATION FOR MEMBERSHIP



Title:	Mr.		Mrs.		Ms.		Miss		Other:	
Full name:										
Address:										
									Postcode:	
Daytime No.					Evening No.					
Mobile No.					E-mail:					
Occupation:					Date of birth:					
<i>Please provide details of any theatrical experience you have had (overleaf)</i>										

Vocal Range	Soprano		Alto		Tenor		Bass	
Are you a dancer?	Yes		No		<i>Please provide any relevant details (overleaf)</i>			

There are many roles and jobs in TWODS for which we need volunteers
 Please tick any that you would be willing to help with if called upon *[Please tick at least one box]*

Six Sheet Boards		Back Stage Crew		Ticket Sales	
Front of House		Prompt		Charities	
Show Promotions		Make-up		Wardrobe	
Social Activities		Librarian / Archivist		Props	
Minute Secretary		Catering		Pianist	

<i>If accepted for membership, I agree to contribute such amount as may be required, not exceeding £1, to the Charity's assets if it should be wound up while I am a member or within one year after I cease to be a member</i>			
Signed:		Date subscriptions paid (for office use only):	
Date:			

Please return this form, along with your Standing Order form, to the Membership Committee
 c/o- Lelia Di Domenico
 39 Essex Chambers
 81 Chancery Lane
 London, WC2A 1DD