

Membership Registration Form

Name:		Gender:		Junior	
				Member:	
				(u18)	age
Address					
Phone:	E Mail:				
Phone:	E Maii:				
Emergency Contact Name:	Emerge	ncy Contact 1	Tel No.:		
If under 18, please ask your parer	nt / legal gi	uardian to cor	nplete the follow	ing:	
Name:	E Mail:				
	J				
Phone:	Relation	· ·			
	to mem	ber:			
I/we have read, understand and accep	ot the rules	s and policies	of the club as set	out in the <i>clu</i>	ıb
constitution, data protection and chila				ocuments. Th	iese
can be viewed at <u>www.warsashtheatr</u>	<u>eclub.co.u</u>	<u>k</u> under 'Docւ	ıments'		
Member's signature					
ivieniber s signature					
Parent/logal guardian's		,	ate		
Parent/legal guardian's signature if member under 18			ate		•••••

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
	or	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
		ricuse use your name as the reference
Subscription co	osts (du	ue annually on 1 st January)
Adult member:	£20	
Junior member	or mer	nber in full-time education: £12

Payment due with registration