



Lancaster Footlights



Membership Form 2010/2011

Name: (Dr/Mr/Mrs/Ms/Miss) _____

Address: _____

Telephone: _____ Post Code: _____

Email: _____

I wish to be a member of Lancaster Footlights for the year 2010/2011 and agree to abide by the rules of the constitution.

I am willing to participate in the following (please tick):

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Front of House* | <input type="checkbox"/> Set Building | <input type="checkbox"/> Stage Lighting |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Marketing | <input type="checkbox"/> Set Design | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> Box Office* | <input type="checkbox"/> Prompt | <input type="checkbox"/> Set Painting | <input type="checkbox"/> Theatre Bar* |
| <input type="checkbox"/> Coffee Bar | <input type="checkbox"/> Props | <input type="checkbox"/> Sound | <input type="checkbox"/> Wardrobe |

Directing

* Age 18 and over only please

Please tick if you have: Enhanced CRB disclosure
 First Aid training (expiring)

Any other interests (please state): _____

- | | | | |
|---------------------|---------|--------------------------|------------------------------|
| Adult Membership | £10.00 | <input type="checkbox"/> | |
| Junior Membership | £7.00 | <input type="checkbox"/> | ages of juniors please |
| Student Membership | £7.00 | <input type="checkbox"/> | |
| Donation (optional) | £ | <input type="checkbox"/> | |

I would like to receive my newsletter **Footnote** by: email

£5.00 post

If you receive your Footnote by post we need to charge an extra £5.00 to cover the costs of printing and postage (families and couples pay for 1 Footnote)

(please tick box(es) as appropriate)

I would like Lancaster Footlights to treat all my donations from 6th April 2010 (until I notify you otherwise) as Gift Aid donations. I confirm that I am a UK tax payer. (Gift Aid donations let us claim tax back on your money at no further cost to yourself).

Please tick if Gift Aiding

I enclose £ _____ Signature: _____ Date: _____

Please make cheques payable to Lancaster Footlights, and send your completed form to the **Membership Secretary**
Lancaster Footlights, Grand Theatre, St Leonardgate, LANCASTER LA1 1NL

For Office Use

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