Membership Application Form Please complete clearly in BLOCK LETTERS

inis i	orm will be passed to	the bo	ard of Mana	agemeni	i ior a	pprovai <i>before</i> pay	ment is requested	
Mr/Mrs/Miss							If you have a	
First n	ame		Surname	passport photo affix here, size 45 x 35mm.				
Address							Here, 312e 45 x 35111111.	
			Postcode				If not, do not delay sending the form.	
Telephone			Mobile					
Email								
Date o	of birth	1	Recommended by					
	e tick the areas that you ers' interests:	are inv	olved in so	that we d	can ha	ve an updated, acc	urate picture of	
	Acting Dancing Singing Directing Stage Management		Backstage C Costumes Props Prompt Set Painting Set Building Set Design)		Bar/Coffees Box Office Programme Selling Front of House Sweetie Shop	g	
	Sound Lighting							
Pleas	e indicate your choice		-	ptions:				
O	Life Membership		£200.00	•	Stud	dent	£20.00	
O	Adult		£30.00	O	Jun	ior (under 18)	£15.00	
Past e	experience:							
Are yo	ou a member of any othe	er theat	trical group?	If so ple	ase na	ame:		
Do yo	u know a Playhouse me	mber?	YES/NO If	yes, plea	ase giv	e their name:		
Have	you seen our shows YE	S/NO. I	If not, please	e tell us l	now yo	ou heard about Erith	Playhouse:	
	ER please return this for lembership Secretary,			w Road,	Wellir	ng DA16 1RS		
	can be posted in the P ope addressed to The				blue	gates to the car pa	ark, in a sealed	
<i>OR</i> er	nail a copy to: erithph	mems	ecshc@gm	ail.com				
For	office use only							

Approved by the Board Date