

FDS MEMBERSHIP FORM 2019-20



Please complete the following details:

Name:
Please add your birth or other surname if different and used by your children or banks.

Address:

Post Code:

Email:

Telephone:

Mobile:

Previous experience: (not essential)

Please indicate the areas in which you would like to participate:

Acting	Set Building	Make Up	Props	
Producing	Lighting	Wardrobe	Play Writing	
Directing	Prompting	Music	Other (please specify)	
Stage Management	Sound	Front of House		
Set Design	Choreography	Publicity		

Do you have a current CRB Check Certificate: Yes / No
 Do you have a current First Aid Certificate: Yes / No

Declaration for EU General Data Protection Regulations (GDPR): *Your details will not intentionally be revealed to any third party. It is a condition of membership that you agree to all the conditions listed below. For further details please read our [FDS Privacy Policy](#).*

I agree that the above details may be stored on a membership database and
 may continue to be stored should my membership lapse in the future: Yes / No
 I agree that the above details may be given to other members of the society: Yes / No
 I agree not to provide third parties with such information about other members: Yes / No
 I agree that photographs/details of me may be published on our website/other media: Yes / No
 I agree to my name and email address being included on a mailing list: Yes / No

Membership fee: £25 (individual), £40 (family) or £15 (single production): £15 / 25 / 40
 (Cheques should be made payable to **Faringdon Dramatic Society**.
 The annual membership fee becomes due at the AGM held each May.)

Signed Date
 Parent/Guardian signature required if under 18

FDS MEMBERSHIP RECEIPT 2019-20

Received the sum of **£25** (individual), **£40** (family), or **£15** (single production)



Signed Date