

PLAYERS DRAMATIC SOCIETY APPLICATION FOR MEMBERSHIP

PLAYERS YOUTH

Full Name:	Mr. / Miss		
Address: (Including Postcode)			
Tel No.:		Date of Birth	

I wish to become a Member of Players Dramatic society and should be pleased if you would put forward my application to the next meeting of the Executive Committee.

Signed: Date:

Parent's signature:

Proposed by: *(Must be a member of the Society)*

Please indicate in which areas you would like to take part, indicating any appropriate experience or whether you would like to learn a particular skill.

	Please tick	Please indicate experience
Acting		
Prompt		
Stage Management		
Sound		
Lighting		
Props		
Set construction/Decor		
Wardrobe		
Make-up		
Front of House		Welcoming patrons and collecting tickets
Selling Confectionery/ Refreshments		
Cleaning		

Please return the completed form to our Membership Secretaries:
Mr. & Mrs. J Vale, 57 Radnormere Drive, Cheadle Hulme, Cheadle, Cheshire, SK8 5JS.

Approved on behalf of Executive Committee: (Signed/position) Date: