



Herne Bay Little Theatre

Application For Membership

Please complete and return to the membership secretary at:
Herne Bay Little Theatre, 44 Bullers Avenue, Herne Bay, Kent CT6 8UH

Mr. Mrs. Miss. (*name in block capitals*)

.....

I wish to become a member of Herne Bay Little Theatre. I agree to abide by the rules of the Company as set out in its Memorandum and Articles of Association and in particular note that by signing below I have consented to be included on the Register of Members. I understand that in the event of the Company being wound up, my liability is limited to a maximum of £1.00. I agree to pay on the date of joining, the club's annual (1st April - 31st March) subscription of £15.00 per annum.

Telephone No:

Address:

.....

..... Postcode:

Email Address: (please print).....

Age range, please tick:

18 to 30	31 to 50	51 to 65	65 and over

I give permission for Herne Bay Little Theatre to send all related correspondence to the email address above.

Signed:

I would also like to be involved in the following activities (*please tick as appropriate*).

Acting		Administration	
Directing		Front of House Duties	
Lighting		Make-up	
Costumes		Prompting	
Publicity		Set Design/Construction	
Set Painting		Sound	

GDPR – This information will be stored in line with current GDPR regulations.