



FOLKESTONE - HYTHE OPERATIC & DRAMATIC SOCIETY

Registered Charity No: 1001311

MEMBERSHIP APPLICATION FORM

Please return this form with first subscription to:

The Membership Secretary, the Tower Theatre, North Road, Folkestone, CT20 3DH
Or email to info@towertheatrefolkestone.co.uk

Please complete – BLOCK CAPITALS PLEASE

Mr/Mrs/Miss/Ms/Other.....

First Name.....

Surname.....

Address.....
.....
.....

Post Code.....

Date of Birth
(Acting and Youth Members only) ____ / ____ / ____

Home Telephone.....

E mail address.....

I/We enclose a cheque, payable to FHODS for
£ _____

ANY CASH IS SENT ENTIRELY AT THE REMITTER'S OWN RISK

Types of Membership and Subscription Rates July 2015/16 (Please tick box)

Acting £30.00

Joint Acting £40.00

Youth £20.00

Friend £20.00

Joint Friends £25.00

I/We agree to abide by the rules of FHODS and consent to my/our personal information being held on a computer database.

Joint members – both to sign

Signed..... (1)

..... (2)

Parent/Guardian for Youth member

X.....X

Dated.....

Notes:

1. YOUTH members must be aged 8 – 17 years inclusive and the consent of a parent or guardian is required. The Society operates a Child Protection Policy.
2. ACTING members may take part in all aspects of the society.
3. ACTING members aged 18 – 22 in full time education may qualify for a concessional rate. Please enquire for details.
4. A FRIEND member may not take any part in productions on or back stage. They may stand as an officer of the Society.
5. NB the initial payment to FHODS should be by cheque after that all subsequent payments need to be by standing order. A standing order form will sent with the membership card(s).