

TOADS THEATRE COMPANY
APPLICATION FOR MEMBERSHIP for 2019/2020 SEASON
July 1st 2019 to June 30th 2020

Please complete **ALL** sections (both sides).

Life members: please complete sections 1, 3 SIGNATURE AND DATE.

1. I AM A **NEW / RENEWING / LIFE MEMBER** (please circle as appropriate).

Name: Mr / Mrs / Ms / Miss

Address:

.....

.....**Post Code**

Telephone: Home

Mobile

E-mail address

2. **MEMBERSHIP APPLIED FOR :** (Please tick/cross the applicable box)

• **TOADS FULL MEMBER:**

(Agrees to volunteer for a **minimum of 4 sessions (pro rata)** for the full range of duties ancillary to acting; entitled to free tickets for TOADS productions.)

- | | | |
|--|--------------------------|--------------------------|
| July 1 st 2019 to June 30 th 2020 | £28.00 each | <input type="checkbox"/> |
| October 1 st 2019 to June 30 th 2020 | £21.00 each | <input type="checkbox"/> |
| January 1 st 2020 to June 30 th 2020 | £14.00 each | <input type="checkbox"/> |
| April 1 st 2020 to June 30 th 2020 | £7.00 each | <input type="checkbox"/> |

• **TOADS ASSOCIATE MEMBER:**

(No duties required; No free tickets; one standard subscription – no reductions)

- | | | |
|---|--------------------------|--------------------------|
| July 1 st 2019 to June 30 th 2020 | £28.00 each | <input type="checkbox"/> |
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***PLEASE NOTE: All new members will be subject to a £5.00 joining fee each in addition to the appropriate subscription payment.**

• **JUNIOR TOAD:**

(16 – 19 years - not attending Tadpoles)

- | | | |
|--|--------------------------|--------------------------|
| July 1 st 2019 to June 30 th 2020 | £16.00 each | <input type="checkbox"/> |
| January 1 st 2020 to June 30 th 2020 | £8.00 each | <input type="checkbox"/> |

• **TADPOLES & KINGFISHERS:** (13 – 18 & 9 – 12 years) **£5.00 admin fee only**

Attending weekly Tuesday youth sessions, need to fill in separate Tadpoles/Kingfishers form. Please ask at the box office for details.

3. I AM WILLING TO VOLUNTEER REGULARLY IN THE AREAS OF:

(Please **circle at least one**, unless applying for associate membership, but only those duties you intend to carry out).

FOH Steward	FOH Manager	Bar	Coffee Shop	Set Building	Wardrobe
Props	Prompt	Stage Management		Stage Crew	Mail-outs

Do you wish to be considered for directing? YES / NO

Do you wish to be considered for acting roles? YES / NO

I am in the following age group: (Please circle the applicable age).

(14 - 19)	(20 - 35)	(36 - 45)	(46 - 60)	(60 +)
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4. CROAK NEWSLETTER

This will be emailed at the start of each month to the address given above. Members with no email can collect theirs from the theatre box office.

I understand that on payment of my annual subscription I shall be entitled to the benefits of Toads Membership, appropriate to the category selected. These benefits will **cease** on the **30th of June** each year unless **renewal** of membership is assured by payment of further subscription.

I confirm that the details given are accurate and may be retained by the Society whilst I remain a member. I am happy for this information to be circulated for that purpose to the Committee, Directors and Section Leaders.

Signed Date

Existing members renewing after August 31st must pay the full year's subscription plus a £5.00 renewal fee.

(*In accordance with Toads Theatre Company's Constitution, sec.3.2; 5.1; 5.2; 5.3)

Please return the appropriate subscription payment (cheques payable to Toads Theatre Company) plus this completed form to: Toads Theatre Company, The Little Theatre. St Mark's Road. Torquay. TQ1 2EL.

THIS FORM HAS BEEN CREATED TO COMPLY WITH THE DATA PROTECTION ACT 1998. APPLICATION FOR MEMBERSHIP CANNOT BE ACCEPTED WITHOUT THE COMPLETION AND SUBMISSION OF THIS FORM WITH APPROPRIATE FEE.

For box office staff use only

For membership secretary use only
