

THE CAXTON PLAYERS

APPLICATION FOR MEMBERSHIP



Title: Mr. Mrs. Miss. Ms. (Please circle)

Surname: **Forename:**

Address: **Post Code:**

Telephone Numbers: (Home)..... (Mobile).....

E.mail: **Occupation:** **Age:**

Would you be prepared to be CRB checked, should it be necessary? YES/NO (Delete as appropriate)

Please complete this form and send with your subscription to the following address: -

Ian Hammond
Honorary Secretary
The Caxton Theatre and Arts Centre
128 Cleethorpe Road
Grimsby
DN31 3HW

All cheques to be made payable to 'The Caxton Players'

ANNUAL SUBSCRIPTIONS ARE DUE ON OR BEFORE 1ST JANUARY

Current subscription fees: -

18 years and over	£20.00
Under 18 years	£15.00
Full time students under 24 years	£15.00
Senior Citizens/Citizens on benefit	£15.00
Associate Members	£5.00

Please tick the appropriate boxes relating to your interests, state Y/N in experience column.

Aspect		Experience	Aspect		Experience
Acting	<input type="checkbox"/>	<input type="checkbox"/>	Directing	<input type="checkbox"/>	<input type="checkbox"/>
Stage Managing	<input type="checkbox"/>	<input type="checkbox"/>	Music/Singing	<input type="checkbox"/>	<input type="checkbox"/>
Wardrobe	<input type="checkbox"/>	<input type="checkbox"/>	Publicity	<input type="checkbox"/>	<input type="checkbox"/>
Properties	<input type="checkbox"/>	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Youth Theatre	<input type="checkbox"/>	<input type="checkbox"/>
Sound	<input type="checkbox"/>	<input type="checkbox"/>	Administration	<input type="checkbox"/>	<input type="checkbox"/>
Set Building	<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>
Prompting	<input type="checkbox"/>	<input type="checkbox"/>	Theatre Maintenance	<input type="checkbox"/>	<input type="checkbox"/>

Our Theatre is run entirely on the efforts & goodwill of our members. We have to provide support functions for all productions or events. **As a member you will be expected to assist when you are not involved with a production.**

I agree to my details being recorded on to the society's database and for my contact details to be given to other members of the society as appropriate. (YOUR DETAILS WILL NOT BE PASSED ON TO ANY OTHER ORGANISATION)

Signed: - **Date:** -