

STOURBRIDGE AMATEUR OPERATIC SOCIETY

Application for Membership

NAME (Mr/Mrs/Ms/Miss)

ADDRESS

POST CODE

TELEPHONE NUMBER(S)

EMAIL ADDRESS

DATE OF BIRTH/...../..... (For licensing purposes please provide copy of birth certificate if 16 or under)

For Health & Safety reasons please provide details, in the strictest confidence, of any medical conditions which should be brought to the Committee's attention:

I hereby apply for ACTING/NON-ACTING membership of the society. (Please delete as necessary)

ACTING MEMBERSHIP

Voice:

Previous experience (if any):

(Please continue overleaf if required)

NON-ACTING MEMBERSHIP

I should like to help with the production either:

- a) Stewarding
- b) Selling refreshments
- c) Selling programmes/raffle tickets
- d) Stage Assistants (Health & Safety Assessments will have to be carried out)
- e) Other (Please specify)

Previous experience (if any):

(Please continue overleaf if required)

If accepted I agree to abide by the rules of the society.

I agree that in the event of my not taking part in the production I shall help front of house or backstage during the week of the show.

SIGNED DATE

PARENT/GUARDIAN IF APPLICANT 16 or UNDER:

SIGNED DATE

Please complete and return to the Membership Secretary: Mrs Jeanne Hunt
27 Hanley Close, HALESOWEN, West Midlands, B63 4DS Tel: 07840 630852

For Society use

Audition Date:/...../..... Accepted: Yes/No

Birth certificate received (if applicable): Membership Database updated: