

# STOURBRIDGE AMATEUR OPERATIC SOCIETY

## Application for Membership

TITLE	
FIRST NAME(S)	
SURNAME	
ADDRESS LINE 1	
ADDRESS LINE 2	
POST TOWN	
POST CODE	
TELEPHONE	
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  membership of the society.

### ACTING MEMBERSHIP

VOICE:	
PREVIOUS EXPERIENCE: <small>Further details can be provided on a separate sheet or in the body of an email</small>	

### NON-ACTING MEMBERSHIP

Areas in which I would like to help the production: (please select all those that apply)

Stewarding	<input type="checkbox"/>
Selling Refreshments	<input type="checkbox"/>
Selling programmes/raffle tickets	<input type="checkbox"/>
Stage Assistants (subject to Health and Safety training)	<input type="checkbox"/>
Other (please specify)	
PREVIOUS EXPERIENCE: <small>Further details can be provided on a separate sheet or in the body of an email</small>	

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 forward to the Membership Secretary, Mrs Jeanne Hunt. Email: [membership@stourbridge-operatic.co.uk](mailto:membership@stourbridge-operatic.co.uk) Tel: 07840 630852

For Society use

Audition Date: ...../...../..... Accepted: Yes/No  
 Birth certificate received (if applicable):  Membership Database updated: