



PLEASE INDICATE ON REVERSE ACTIVITIES OF PARTICULAR INTEREST

APPLICATION FOR MEMBERSHIP

Title	(Mr/Mrs/Miss/Ms/Other)	
Family Name		
Forenames		
Address		
Post code	Work phone number	
Home phone number	Mobile phone number	
E-mail address		
Date of birth (if age less than 18)		

I apply to become

* a member
* a friend

 of The Victory Players, and I enclose

* £10.00
* £ 7.50

this being my subscription for the year ending 30th June 201_ (* = delete as applicable)

Signed _____ Date _____

*I agree that my contact details may be made available to the members of The Victory Players
Please make cheques payable to **The Victory Players** and return the Form to Robin Williamson at:
Greenaway, London Road, Balcombe, West Sussex RH17 6HS – Tel 01444 811519, email robin@thewilliamsons.org.uk*

PLEASE ASK TWO CURRENT MEMBERS OR FRIENDS TO SUPPORT YOUR APPLICATION BY SIGNING BELOW:		
I support this application for membership of The Victory Players		
Signed	Name	Date
Signed	Name	Date

**PLEASE TICK THE BOXES OPPOSITE THE ACTIVITIES IN WHICH
YOU MIGHT BE INTERESTED**

PUBLIC PRODUCTIONS	
DIRECTING	<input type="checkbox"/>
ACTING	<input type="checkbox"/>
SINGING	<input type="checkbox"/>
DANCING	<input type="checkbox"/>
MUSIC	<input type="checkbox"/>
STAGE MANAGEMENT	<input type="checkbox"/>
TECHNICAL (LIGHTING & SOUND)	<input type="checkbox"/>
SET DESIGN	<input type="checkbox"/>
SET CONSTRUCTION	<input type="checkbox"/>
COSTUMES & PROPS	<input type="checkbox"/>
MAKEUP	<input type="checkbox"/>
FRONT OF HOUSE	<input type="checkbox"/>
GRAPHIC DESIGN	<input type="checkbox"/>
PROMPTING	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
OTHER ACTIVITIES	
THEATRE VISITS	<input type="checkbox"/>
WORKSHOPS	<input type="checkbox"/>
PLAY READINGS	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>