# Cheltenham Operatic & Dramatic Society

MEMBERSHIP APPLICATION FORM 2019

I wish to join CODS as a (please tick box as appropriate):

**Standard Member:** £30.00\* **□ OAP Member:** £30.00\* **□ Under 16** **Member:** £15.00\*\* **□**

(Under 16 on 1st January 2019)

\* These prices are discounted by £5 if paying by Direct Debit

\*\* Per Show

I understand that this is the Society’s Membership Fee for 2019 and that to perform in CODS’ shows or sing in the Community Choir, I will also need to pay an additional fee of £40 per show/concert. I understand that there may be additional fees involved in a production e.g. for hire of rehearsal materials.

Title: Mr/Mrs/Miss ………………… Name: ..............................................................................................

Postal address: ..................................................................................................................................

………………………………………………………………………...….. Postcode: ..............................

Telephone (inc. code): .......................................................................................................................

Mobile: …………….......................................... Email: ...........................................................................

Voice: ................................. Instrument(s) played: ………………...........................................................

Theatrical experience: ........................................................……………..................................................

Interests(Please delete those not applicable): Acting/Singing/Dancing/Directing/Stage Management/Set Design/Front of House/Wardrobe/Make-Up

If you have up to date First Aid qualifications and would be willing to be called upon for First Aid duties on occasions, please indicate here. I am a Qualified First Aider(s) Yes/No

The Society will use and store your data in a centralised database accessible by committee members and other members in privileged positions on an as needed basis. The information will be used to allow the efficient running of the society and distribution of information. By providing your information you agree to allow us to contact you for society business only by email, post or telephone.

Members who are over the age of 70 are unable to be covered by the Personal Accident section of the Society’s insurance policy. By signing this form you are indicating that you have read and understand this.

□ I wish to set up a Direct Debit payment to be collected from my bank account on an annual basis

**OR** (Please only tick one box)

□ I enclose remittance for £.................

(Cheques should be made payable to “*Cheltenham Operatic and Dramatic Society*”)

Signed: .........................................................................…...................... Date: .......................

Please complete form and then post or email to:

Mr Jamie Dewick, 62 Severn Road, Cheltenham, Gloucestershire, GL52 5PX

codsmembership@gmail.com