Chester Little Theatre

Gloucester Street

Chester CH1 3HR

Tel: 01244 322674

 [www.chesterlittletheatre.co.uk](http://www.chesterlittletheatre.co.uk) info@chesterlittletheatre.co.uk

Registered Charity CIO No.1178159

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**MEMBERSHIP APPLICATION**

**Please note there are 4 sections to this form, all of which require completion**

**in BLOCK CAPITALS**

**Section 1/4 Personal Details**

Name: ……………………………………………………………………………………………………..

Address: …………………………………………………………………………………………………….

………………………………………………………………………………………………………………….

Postcode: ………………………………………………………..

Telephone No: …………………………………………………

Mobile No: ………………………………………………….

Email address: …………………………………………………..

Date of Birth ………………………………………………….

**Section 2/4: Theatrical interests and experience (if any)**

Please CIRCLE any of the following that particularly interest you:

ACTING BAR TENDING BOX OFFICE

BACKSTAGE SUPPORT DIRECTING FRONT of HOUSE

LIGHTING REFRESHMENTS SET BUILDING

SET DECORATING SOUND STAGE MANAGEMENT

WARDROBE

Please list briefly any previous relevant experience and/or skills e.g. electrical or sewing:

………………………………………………………………………………………………………

……………………………………………………………………………………………………

**Section 3/4 Marketing Info**

Please let us know how you heard of us by circling one of the following:

Via a Friend Via our web site Via Facebook

Via the media Other: please explain: ………………………….

**Section 4/4: Final details**

Subscription amount enclosed: £…..

(see Members Information sheet for details)

I am a UK tax payer and would Gift Aid subscriptions and donations: YES NO

The Trustees keep a register of Members’ names and addresses which is available to a member All other personal data is restricted to the Club’s Officers in order for CLT to function.

No member’s data is shared with any third party (except as required by law), though CLT may from time to time, communicate to Members information deemed relevant to CLT’s objectives. Details of CLT’s Privacy Policy can be found on our web site or a printed version can be obtained on request.

Signature: …………………………………………………………………………….

Date: …………………………………………………

Please return this completed form plus subscription to:

The Membership Secretary, Chester Little Theatre, Gloucester Street, Chester, CH1 3HR