

Name : .....

Address: .....

Tel: Landline ..... Mobile .....

Email: (*required*) .....

*Please let us know if you want the email newsletters sent to multiple email addresses!*

**PLEASE INDICATE MEMBERSHIP REQUIRED:**

Membership type:	<input type="checkbox"/> Single Adult - £10.00	<input type="checkbox"/> Single Junior/Senior £5.00
	<input type="checkbox"/> Dual Senior - £10.00	<input type="checkbox"/> Family - £15.00
Payment Method:	<input type="checkbox"/> Standing Order ( <b>preferred</b> ),	<input type="checkbox"/> Cheque Payable to Cuckfield Dramatic Society
	<input type="checkbox"/> Cash (But please do not send cash payments through the post)	

**Please indicate any special areas of interest or skills:**

<input type="checkbox"/> Will Consider Anything On or Off Stage!	<input type="checkbox"/> General Support
<input type="checkbox"/> Acting	<input type="checkbox"/> Singing/Dancing
<input type="checkbox"/> Producing	<input type="checkbox"/> Stage Management
<input type="checkbox"/> Lighting/Sound	<input type="checkbox"/> Set Building/Painting
<input type="checkbox"/> Wardrobe (Costumes)	<input type="checkbox"/> Hair & Make-up
<input type="checkbox"/> Front of House	<input type="checkbox"/> Bar Management
<input type="checkbox"/> Script Writing	<input type="checkbox"/> Fund Raising
	<input type="checkbox"/> Directing
	<input type="checkbox"/> Prompt
	<input type="checkbox"/> Prop Making
	<input type="checkbox"/> Box Office
	<input type="checkbox"/> Publicity Design/Distribution
	<input type="checkbox"/> Newsletters & Reviews

Are you or have you been a member of any other theatre group? If so then please indicate which & when:

.....

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

Membership implies agreement to your name & details being held on computer for the purpose of CDS membership. Our data privacy policy can be found on the CDS website.

Other family members included as part of Family or Dual Senior Membership  
(Names are required for insurance purposes)

Name: .....	Email: .....
Name: .....	Email: .....
Name: .....	Email: .....
Name: .....	Email: .....
Name: .....	Email: .....
Name: .....	Email: .....

Please sign, date and return this form together with the completed standing order mandate or a cheque payable to 'Cuckfield Dramatic Society' using the envelope supplied. (Contact us on 01444 848156 or email [membership@cuckfielddramaticsociety.com](mailto:membership@cuckfielddramaticsociety.com) if you did not receive an envelope.)

Payment by standing order keeps our administration costs down and membership fees low!

Internal Use			
Date Received:		Date SO Form sent to Bank:	
Member Number:		Date Payment received:	