

HOLSWORTHY AMATEUR THEATRICAL SOCIETY
APPLICATION FOR MEMBERSHIP

I - Mr/Mrs/Miss/Ms (Full Names)	
Address:	
Post Code:	Tel:
E-mail Address:	

I wish to become a Member of the HOLSWORTHY AMATEUR THEATRICAL SOCIETY and understand that the Annual subscription is due in September of each year.

In the event of my wishing to give up my membership I will give notice of my resignation to the Secretary before September of any year.

I am interested in:

ACTING	MAKE UP	LIGHTING	SET CONSTRUCTION
SCENERY PAINTING	WARDROBE	BACKSTAGE WORK – moving scenery	
PROPS	Please tick as appropriate		

Signed:	Date of Birth: (if under 18)
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SUBSCRIPTION – MEMBERSHIP FEES	ENROLMENT FEES
18 years or under or student	£5.00
Over 18 years	£10.00
Enrolment Fee to be paid with First Subscription and must accompany this Form.	

Please return with payment to: Eve Earles, Manor Barn, Halwill, Beaworthy, Devon. EX21 5UH. Tel: 01409 220 293

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HOLSWORTHY AMATEUR THEATRICAL SOCIETY MEMBERSHIP ACCEPTANCE.

At a recent Committee Meeting your application for membership to the Holsworthy Amateur Theatrical Society was accepted/was not accepted.

Signed:
Membership Secretary

Dated:
PTO

Please complete where applicable

APPLICATION FOR PARENTAL CONSENT (Under 18 years old)

I/WE – Mr/Mrs/Miss/Ms (Full Names)		
Parent/Guardian of:		
Address:		
Post Code:	Tel:	Mobile:

At least one telephone number must be provided

Leaving the Premises

There may be times when members are asked to fulfil a task which involves your child leaving the Theatre whilst in rehearsal, at meetings or on any club nights. Below is a consent Form to allow your child to leave the theatre on the understanding that they will be suitably and appropriately supervised whilst out.

GDPR/PHOTOGRAPHY/VIDEO CONSENT FORM

UNDER 18 YEARS OLD - I/We give consent for HOLSWORTHY AMATUER THEATRICAL SOCIETY for photographs being taken for the purposes of advertising of a show eg. Newspapers, posters, on the internet, website, televisions etc., with my son/daughter included in the filming. This consent will cover all events he/she may be involved in up to the age of 18. I also give permission for my son/daughter to take photographs during the show on her own camera and have no objection for my son/daughter being in photographs taken by other members of the show as long as it is in connection with the show or HATS advertising etc. I have no objections to a video being taken of any show in which my son/daughter is appearing.

I/We **give** permission for our son/daughterto be included in any photographs/videos or recordings taken for HATS Theatre and to leave the premises suitably accompanied.

I/We **do not** give permission for our son/daughter to be included in any photographs/videos or recordings taken for HATS Theatre or to leave the premises suitably accompanied.

Signed:.....Parent/Guardian of.....

ADULT MEMBERS - I consent for Holsworthy Amateur Theatrical Society (HATS) holding data as below: I consent to receiving newsletters and updates using the details given in these Forms; to photographs/videos etc. as listed above of me being taken and/or used for promotional publicity and social media purposes.

Signed: Print Name:.....

ALL TO SIGN

I/We acknowledge that name, address and contact number are required as part of HATS members and failure to provide these can result in termination if membership.

Signed: Print Name:.....

Any changes in the details given on these forms please notify the membership secretary Mrs Eve Earles. Details on the front of this form.