

# *Lutterworth Musical Theatre Company*

## **STANDARD MEMBERSHIP FORM**

**PLEASE COMPLETE IN BLOCK CAPITALS**

NAME:

Address

Telephone

Mobile

Email

DOB (if under 18)

I understand there is an annual membership fee payable and that if I choose to perform there will also be Show Fees payable for each show, which will be communicated prior to the start of rehearsals for that show.

Signature:

Date: \_\_\_\_\_

**For under 18's:**

Parents Signature

Parent's Name  
Relationship

Date: \_\_\_\_\_

If there is any information you think it is necessary for us to know regarding Health/Allergies, please tick here, add on back of form

If you **do not** give permission for any photographic images to be used in future advertising or on our website, please tick here.

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**FOR OFFICE USE ONLY:**

Membership number:  
Start date:

Membership Paid