



ASTWOOD BANK OPERATIC SOCIETY APPLICATION FOR MEMBERSHIP

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| NAME: | |
| ADDRESS: | |
| POSTCODE: | |
| TELEPHONE: | |
| E MAIL: | |

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|-----------------------|--|
| DATE OF BIRTH: | |
|-----------------------|--|

PERFORMING MEMBERSHIP

Please list below your experience in Musical or Dramatic Productions including any Societies of which you are or have been a member. If you are receiving full time education, please give the name of your school or college.

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Please indicate your Voice Range if known: SOPRANO / ALTO / TENOR / BASS

In order to confirm your voice range and suitability for playing membership of the Society, you will be asked to undertake a simple audition.

HEALTH

Please list any problems you may have with your health that might affect your performance in a rehearsal/show. This means things like epilepsy, blackouts, fainting, heart problems, back problems, hearing, panic attacks, affected by lights i.e. strobing and flashing etc.

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If you do not want to perform on stage but want to help in other ways, please indicate your interests:

| Costumes | Front of House | Stage Crew | Make up | Other |
|----------|----------------|------------|---------|-------|
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PREVIOUS MEMBERSHIP

Have you ever been refused membership of any other society for any reason, or asked to resign membership?

If so, please indicate the reasons for your dismissal. This won't necessarily affect your Application to this Society

ALL APPLICANTS

I declare that to the best of my knowledge all the information on this form and any additional material supplied is correct. I fully understand that the withholding of relevant information or any false or misleading statement could result in the withdrawal of an Application and my dismissal from this Society.

I wish to apply for membership of the Society and if accepted I agree to abide by its rules and pay the appropriate subscription which helps to cover costs such as insurance and administration.

Signed: _____ **Date:** _____

Please return this form to the Astwood Bank Operatic Society Membership Secretary at 10 Foredrift Close, Southcrest, Redditch, Worcs B98 7NP (01527 552 646)

Data Protection Act 1998: If elected, your name, address, telephone number and type of membership will be held on computer for the sole purpose of Society administration, communication and for distribution within the society