Shawbury Village Players - Membership Form

Personal Details (please tick Please tick the Membership Type Title: Mr Mrs Miss Ms relevant box) relevant box Adult £25 Surname: £5 Forename: Junior (up to age 16 years, or 18 if in full time education) Date of birth: Junior add-on * £2 (Junior members only) (Please indicate how many) Home address: *(Children can be "added on" to either an Adult or Junior membership at a reduced subscription. Those paying reduced membership subscriptions are not entitled to extra member benefits in their own right. Postcode: Membership runs for a year and becomes due for renewal Home telephone: on the 1st day of the month you joined. No member whose subscription is in arrears can take part in any Mobile phone: performance given by the Society whether as a member of cast, as a member of the stage staff or in any capacity Email: whatsoever where SVP equipment is operated, or be eligible to vote at any meeting of the Society or for Signature: election to any office or for appointment to the (Signature of parent/guardian if applying for junior membership. committee. Parent/guardian must also approve and sign the Data Protection Consent) DATA PROTECTION ACT CONSENT Junior Member's Parent/Guardian Contact Details: Membership records will be kept on computer to aid mailing, membership renewal and Name:_____ co-ordinating membership activities. Mobile Number:_____ **VIDEO** - Our performances are video linked to dressing rooms. They are also video recorded by Alternate Name:_____ ourselves with DVDs available to SVP Members. MEDIA- Publicity photos are taken and are Alternate Mobile: displayed on publicity boards, on the website and linked to Facebook. **Add-on Junior members** – Please complete the additional names and dates of birth here: Members can request that their name and photographs are not used in publicity. Name: DOB: I *do/do not give consent for my name and Name: DOB: photograph to be included on the SVP publicity Name: DOB: *Delete above which is not appropriate Name: DOB: Please sign below indicating your consent to the above. I enclose payment of £ _____ to cover all persons listed above. Signed: Date: Please make cheques payable to: Shawbury Village Players The Shawbury Village Players privacy policy can be Please send this form with remittance (if paying by found on our website: cheque) by post to: www.shawburyvillageplayers.co.uk/privacy-policy/ Membership Secretary SVP, 53 Bridgeway, Shawbury, Shropshire SY4 4PG OR hand to Membership Secretary at any meeting.

Alternatively, if you want to make an online payment/BACS transfer tick this box Land email to membership@shawburyvillageplayers.co.uk and we will send you the details.