

# Application for Membership



Name:.....

Address:.....

.....

Telephone:.....Mobile:.....

Email:.....

Name of emergency contact:.....

Telephone number of emergency contact:.....

I would like to be considered for the following roles (please tick):

Acting on stage: ( )

Costumes /Makeup: ( )

Prompt: ( )

Director/Producer: ( )

Backstage crew: ( )

Constructing/Painting sets: ( )

Props: ( )

Help with Transport: ( )

Do you consent to being photographed / videoed during rehearsals / performances? These images may be used for display or promotional purposes. Yes / No

Health Details (if you answer yes to any of these, please provide further details on the reverse of this form):

Asthma	Y	N	Fits or Fainting	Y	N	Diabetes	Y	N
Hearing difficulty	Y	N	Anxiety	Y	N	Headaches	Y	N
Heart condition	Y	N	Allergies to medications	Y	N	Other, please specify:		
Allergies	Y	N	Epilepsy	Y	N			

Please read the following and tick the box: *I have read the [North Norfolk Players' GDPR Privacy Policy for Members](#) and agree to my Personal Data to be stored and used as described therein.*

Tick this box to agree:

Please complete and return to the Treasurer at the address below, together with your annual membership fee of £10.00 (cheques payable to "North Norfolk Players")

Signature: .....Date: .....

G V Pope , Treasurer, North Norfolk Players, 16 Bailey Road, Cromer, NR27 0JQ Tel: 01263 513287

Email: [info@nnplayers.org.uk](mailto:info@nnplayers.org.uk)