

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 Chair at the address below, together with your annual membership fee of £10.00 (cheques payable to "North Norfolk Players")

Signature:Date:

Hannah Jackson, Chair, North Norfolk Players, 167 Hall Street, Briston, NR24 2LQ
Tel: 01263 860871

Email via <https://www.nnplayers.org.uk/contact.php?subject=membership>