



# DAWLISH REPERTORY COMPANY

## Membership Form

Name: Mr / Mrs / Miss .....

Address: .....

..... Postcode: .....

Telephone: ..... Age (if under 18) ..... Date: .....

Email: .....

I wish to apply as a: **Full Member**  **Junior Member** (age 12-18)  **Associate Member**

Please indicate age group:

12-18  19-25  26-35  36-45  45-55  56-65  Over 65

I am particularly interested in ...

- |   |  |
|---|--|
| <input type="checkbox"/> Acting   | <input type="checkbox"/> Fund-raising      |
| <input type="checkbox"/> Directing  | <input type="checkbox"/> Publicity         |
| <input type="checkbox"/> Backstage (eg. Set building/props etc)                                     | <input type="checkbox"/> Bar duties        |
| <input type="checkbox"/> Lighting, sound and effects  | <input type="checkbox"/> Chaperone duties  |
| <input type="checkbox"/> Props  | <input type="checkbox"/> Ice cream selling |
| <input type="checkbox"/> Front of house   | <input type="checkbox"/> Box Office        |
| <input type="checkbox"/> OTHER (please specify).....<br>(e.g. prompt, wardrobe, décor of sets, etc) |  |

Please indicate any relevant previous experience you might have below:

(continue overleaf if necessary)

The current fees for membership are as follows:

**Full Member £20.00**                      **Junior Member £7.00**                      **Associate Member £10.00**

(If you would like to Gift Aid your membership fee, please complete the declaration on the reverse of this form.)

Please make your cheque payable to **Dawlish Repertory Company**

Please return this form to:

**Membership Secretary, The Shaftesbury Theatre, Brunswick Place, Dawlish, Devon, EX7 9PB**

**GIFT AID DECLARATION**

**DAWLISH REPERTORY COMPANY (Charity no: 258203)**

Details of Donor

Title..... Forename(s)..... Surname.....

Address: .....

..... Postcode: .....

**Declaration**

I wish the charity to treat all subscriptions and donations I have made for the past six years prior to this year, and all subscriptions and donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

**Please note:**

You must pay an amount of Income tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your subscription/donations in the appropriate tax year (currently 25p for every £1 you give).

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

**Notes:**

- 1. It is not compulsory to sign this declaration.
- 2. If in the future your circumstances change and you no longer pay tax on your income or capital gains equal to the tax that the charity reclaims, you can cancel your declaration. You can also cancel this declaration for any reason by notifying the charity.
- 3. If you pay tax at the higher rate, you can claim further tax in your Self Assessment Tax Return.
- 4. Please notify the charity if you change your name and address.

---

Relevant experience (continued...)