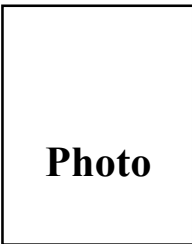




# Sample: Member Registration Form (Over 18)



## Member Details

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## In the case of emergency please contact:

1) Name \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

2) Name \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Do you have any special needs of which we should be aware? Yes  No

If 'Yes' please give details \_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions of which we should be aware? Yes  No

If 'Yes' please give details \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies of which we should be aware? Yes  No

If 'Yes' please give details \_\_\_\_\_  
\_\_\_\_\_

**I give consent for:**

Photograph/Film of myself to be taken during youth theatre events Yes  No

For photographs/film including myself to be used publicly in posters/flyers and/or newspapers for publicity reasons Yes  No

I have read the attached Members' Code of Conduct Yes  No

I have enclosed the membership fee of €++ cheque/postal order/cash\* Yes  No

Signed \_\_\_\_\_ Date: \_\_\_\_\_

\*If you wish to discuss payment or paying by installments, or any other matter in relation to the above, please do not hesitate to contact **[Insert Name and Contact Details]**.

Please return to: **[Insert Contact Name, Address, and Closing Date]**

Sample