

**MEMBERSHIP FORM**

FULL / STUDENT/JUNIOR

LANCASTER

**FOOTLIGHTS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Email: *[please write clearly]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**I am interested in taking part in the following:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acting |  | Administration |  | \*Box Office |  | \*Chaperone |  | \*Coffee Bar |  |
| Directing |  | \*Front of House |  | Fundraising |  | Marketing |  | Prompt |  |
| Building/Painting Set |  | Props  |  | Sound |  | Lighting |  | Stage Management |  |
| Costume – Making/Sewing |  | Please tick if you hold a valid enhanced DBS |  | \*over 18 only |

**Please insert amounts:**

|  |  |  |
| --- | --- | --- |
| **Membership fee**: |  | ***Adult*** *[£15]* |
|  | ***Student/Junior*** *[£10]* |
| **I wish to include a donation of** |  | *[Optional]* |
| **TOTAL** |  |  |

**Charity Gift Aid Declaration**

**In order to Gift Aid your donation you must tick the box below:**

 I want to Gift Aid my donation of £\_\_\_\_\_\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to:

**Name of Charity:** LANCASTER FOOTLIGHTS

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Data Protection**

**We will never disclose, share or sell your personal information with ant third party companies or advertisers for marketing purposes.**

 **I wish to be a member of Lancaster Footlights and agree to abide by the rules of the constitution.**

 **I give explicit consent for my details to be shared with Lancaster Footlights Management team & Board Members.**

 **I give explicit consent for my details to be shared with other Lancaster Footlight Members.**