Application for Membership

Hitchin Thespians has for many years played a leading part in the cultural activities of Hitchin and district. Membership of the Society is open to all. Whether you wish to participate actively in our productions, to help "behind the scenes", to enjoy our social activities, or to support our aims and efforts, you will be equally welcome as a member. Every member is entitled to attend our social functions and to have priority facilities. Members are eligible to take part in public performances after completing a satisfactory audition. Our regular weekly rehearsals are normally held at Woodside Hall, Walsworth Road, Hitchin. That is: Tuesday night for Concerts; Thursday night for Stage Shows.

Please complete the application form below, IN BLOCK CAPITALS PLEASE, and forward it to the Membership and Subscriptions Manager:

Nick Morgan, 43 Bessemer Close, Hitchin, SG5 1AG.
Tel: 01462 641575 *e-mail: n.morgan@hotmail.co.uk*

PERSONAL DETAILS	Name (Mr/Mrs/Ms/Miss): …….. Address:……. ……..Post Code: …….. Tel. number home: …….. Tel. number work…….. Mobile number: …….. E-mail address: …… Date of Birth if under 18: …….. Are You in Full Time Education ?……..
SCOPE	Please indicate, by ticking the box, the section(s) in the Society in which you are interested FULL MEMBER ☐ TEMPORARY MEMBER ☐ (includes those under 16 years old) …and tick also the general section of your interest: Singing ☐ Dancing ☐ Acting ☐ Other ☐
CHORAL SECTION	Type of voice:…….. Can you read music……..
SPECIAL SKILLS	Please mention any relevant qualifications or experience that you may have. This includes, for example, playing an instrument, backstage skills in make-up, painting scenery etc. …… ……
CAN YOU HELP WITH…	…displaying posters either at home or in key locations ?……*Yes / No* *(delete as appropriate)* …the management and administration of Woodside Hall ?……*Yes / No* *(delete as appropriate)* …backstage such as lighting, props, wardrobe etc? ……..*Yes / No* *(delete as appropriate)* How did you find Hitchin Thespians?.....
PERSONAL INFORMATION	If you are under 16 years of age please indicate any important medical condition that you may suffer and which needs to be known in the event that you are taken ill at rehearsals ……

I should like to apply for an audition as a:- Singer ☐

…….. and have read the information given above and below.

Signed ……. Date ……..

PLEASE NOTE: If you become a member, your membership record will be held on the Society's computer database unless you should object to this for any reason. This information will be used for the Society's internal administrative purposes only and will not be otherwise disclosed without your consent, except as may be required by law.