

## BURDOCK VALLEY PLAYERS - MEMBERSHIP APPLICATION FORM

SINGLE ADULT MEMBERSHIP

£16

FAMILY MEMBERSHIP £26

(For over 18's only)

SURNAME / FAMILY NAME:

FORENAME (S):

If this is a family membership, please give names of parents / siblings:

ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

- I agree to keep the Burdock Valley Players constitution, a copy of which will be given if requested upon receipt of the membership fee.
- If I am selected to be in a show, I agree to attend all rehearsals and performances and will let the Director/Producer know if I am unable to attend for any reason.
- I agree to photos and videos being taken of me by the BVP committee and understand they will be used in promotional material such as programmes and websites.
- I agree not to photograph or video other members of BVP without their permission and I will not publish the material on Facebook, YouTube or similar.
- I agree to look after my own personal safety but understand that BVP reserves the right to prevent me doing anything which it feels may endanger my health and safety.
- **Family Memberships** - I understand that my child is my responsibility and that there is no specific child supervision provided by BVP.
- **Family Memberships** - I will attend rehearsals with my child or arrange for another adult to be responsible in my absence.

Subscriptions are due on or before the Annual General Meeting, which is held in January each year. Please make cheques payable to **Burdock Valley Players**.

I agree to the above conditions for myself and for **Family Memberships** for my children.

Signed:

Date:

**Receipt Required**

**Yes**

**No**

**(circle which applies)**



### SUBSCRIPTION RECEIPT

**NAME:**

RECEIVED THE SUM OF:

£

SIGNED: