



**MACCLESFIELD AMATEUR DRAMATIC SOCIETY  
APPLICATION FOR MEMBERSHIP**

To: The Membership Secretary  
MADS Little Theatre, Lord Street  
Macclesfield, SK11 6SY

Surname	<input type="text"/>
First Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
County	<input type="text"/>
PostCode	<input type="text"/>
Email address	<input type="text"/>
Telephone	<input type="text"/>
Mobile (if different)	<input type="text"/>
OK to include your number(s) in the MADS list?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*(Only used for MADS members)*

Proposed by	<input type="text"/>
Seconded by	<input type="text"/>

Which of the following are you interested in:

Acting	<input type="checkbox"/>	Stage Management	<input type="checkbox"/>
Directing	<input type="checkbox"/>	Backstage	<input type="checkbox"/>
Social	<input type="checkbox"/>	Sound	<input type="checkbox"/>
Publicity	<input type="checkbox"/>	Lighting	<input type="checkbox"/>
Front of House	<input type="checkbox"/>	Props	<input type="checkbox"/>
Bar	<input type="checkbox"/>	Wardrobe	<input type="checkbox"/>
Box Office	<input type="checkbox"/>	Set Building	<input type="checkbox"/>

*Please ask a member if you need more details of any of the above.*

Are you a qualified first aider? Y/N	<input type="checkbox"/>
Are you on Facebook? Y/N	<input type="checkbox"/> Name... <input type="text"/>

Please give brief details of any previous theatre experience:

Gift Aid: I am a UK taxpayer and I wish MADS to treat my annual subscriptions from the time I joined until further notice, as Gift Aid donations	<input type="checkbox"/> YES <input type="checkbox"/> NO
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I confirm I have read and understood the MADS Volunteer Safety manual

Signature	<input type="text"/>
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Date	<input type="text"/>
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This form must be accompanied by your subscription:

Adults £25 per year

Juniors (16-18) £15 per year

Your application will be submitted to the Management Committee for approval

The information you have given will only be used for MADS business and your signature gives your approval for this. It will not be given to any third party. It will be held on a database

and your details thereon may be inspected by you, by request, at any time.

<b>FOR OFFICE USE ONLY</b>	
<b>Aide Memoire:-</b>	
Theatre Tour complete	<input type="checkbox"/>
Application form complete	<input type="checkbox"/>
How much paid?	<input type="checkbox"/>
Cash or Cheque	<input type="checkbox"/>
Management Approval	<input type="checkbox"/>
Update spreadsheet	<input type="checkbox"/>
Add to gmail	<input type="checkbox"/>
Add to FB	<input type="checkbox"/>
Date Subs banked	<input type="checkbox"/>
Welcome letter & Newsletter sent	<input type="checkbox"/>
Social oversight (Alena)	<input type="checkbox"/>
<b>Notes / Comments:-</b>	