



To: Diana Baker  
 CAODS Membership Secretary  
 2 Hatfield Grove  
 Chelmsford, Essex  
 CM1 3DF

**APPLICATION FOR MEMBERSHIP\***

Fees: Acting: £40 Non-acting: £10

50% Discount for Students in full time education applies to Acting Membership

Surname (Mr. Mrs. Miss Ms) \_\_\_\_\_

First name \_\_\_\_\_

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

\_\_\_\_\_ E-mail: \_\_\_\_\_

Postcode \_\_\_\_\_ Mobile: \_\_\_\_\_

My interests are    Acting                    *Please tick as appropriate*  
                                  Dancing  
                                  Singing                    (voice type:                    )

or non-acting  
*(please state your particular interest)* \_\_\_\_\_

I enclose £ \_\_\_\_ as my subscription for acting/non-acting membership of CAODS

\*Please note that the membership year runs from 1<sup>st</sup> June to 31<sup>st</sup> May.

Members details are often made available to the Committee & Production Teams. Please advise if you do not want your details passed on.



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