APPLICATION FOR MEMBERSHIP

Title: Mr / Mrs / Miss / Ms (ple	ŕ	CAÓDS
Surname:	First Name:	DRAMATIC SOCIET
Address:		Colebrating 100 years of she
Home Number	Mobile:	
Date of Birth:		
Fees: ACTING - £45 NON ACT	ING - £20 Please Note – The member	rship year runs from 1st June to 31st
(50% discount for Students in full	time education applies to Acting Mem	bership only)
	G member, please answer the followin	= -
	al condition or illness that would affect	your cover under the CAODS YES / NO
insurance provided by NODA (see Do you have a disability as stated to		YES/NO
If you have answered YES to either	of the above, please provide details:	
I am paying £45.00 by Cheque membership of CAODS.	Cash / Bank Transfer (please circle) as	my subscription for ACTING
I am paying £20.00 by Cheque membership of CAODS.	/ Cash / Bank Transfer (please circle) as	my subscription for NON-ACTING
	that charities and community a	mbership payments and donations. Imateur sports clubs (CASCs) can
loes not cost you anything an	d it raises more money for the so	ociety!
_	if you are happy to allow Gift A resident in the UK for tax purpo	Aid on your membership and declare oses.
sh to Gift Aid all future annual subscr payer, resident in the UK for tax purp		the last 4 years and declare that I am a UK
ed:	Date:	
Cheques payable to "CAODS Mem	ership Account"	

Becoming a member of CAODS means that you are entitled to receive regular updates, communications and information which means that your contact details will need to be shared with CAODS personnel where necessary. We will not share your contact information with anyone outside of CAODS unless you have given us your consent and any personal information will only be shared where necessary. Please tick to agree.

Contact: Stephanie Yorke-Edwards Membership Secretary Tel: 07784 211967