



## APPLICATION FORM

I would like to become a member of TODS and would be interested particularly in the following:- *(please tick as appropriate)*

ACTING _____	SET DESIGN _____
DIRECTING _____	SCENERY BUILDING _____
PRODUCTION ASSISTANT _____	SCENERY PAINTING _____
STAGE MANAGER _____	SCENERY SHIFTING _____
ASST. STAGE MANAGER _____	LIGHTING _____
PROMPT _____	SOUND _____
CALLER _____	PROPERTIES _____
COSTUMES _____	OTHER _____

### FRONT OF HOUSE, TO INCLUDE:-

BOX OFFICE _____	PROGRAMME SELLER _____
USHER _____	RAFFLE _____ BAR _____

Mr/Mrs/Ms/Miss \_\_\_\_\_ Surname \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

E mail address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile \_\_\_\_\_

Subscription due annually on 1<sup>st</sup> July. Adults £15.00.

(Please make cheques payable to **TODS**)

On completion of this form, please send it with your subscription to the Hon. Secretary:-  
Mrs. Angela Patrick, Holly Cottage, Orchard Court, The Street, Benenden, Kent. TN17 4DE  
Or by BACS: A/C Name – TODS : Sort Code 30-90-28 : A/C No. 01730399 : Ref - Your name.

**I agree/I do not agree to receiving newsletters and emails giving details of meetings, shows, rehearsals and similar events that are likely to be of interest to me.**