



MEMBERSHIP APPLICATION FORM

Please complete all sections on all three of the form, making sure you tick the boxes to agree to the Terms & Conditions.

SECTION 1:

PARENT/GUARDIAN/STUDENT (IF OVER 18) DETAILS

FULL NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>
TELEPHONE/ MOBILE:	<input type="text"/>
EMAIL:	<input type="text"/>

SECTION 2:

ADDITIONAL CONTACT DETAILS

FULL NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>
TELEPHONE/ MOBILE:	<input type="text"/>
RELATIONSHIP TO STUDENT:	<input type="text"/>

SECTION 3:

STUDENT DETAILS (IF THE STUDENT IS OVER 18, THIS SECTION CAN BE SKIPPED)

FULL NAME:	<input type="text"/>
LIKES TO BE KNOWN AS:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>

Are there any **MEDICAL CONDITIONS** or other circumstances which you would like nine lives theatre company to be aware of?

SECTION 4: ADVERTISING

Please check this box if you would **NOT** like your child's photograph to appear anonymously in any of our publicity material such as brochures, advertisements, our website and workshop DVDs.
Please note ticking this box will exclude your child from some projects.

SECTION 5: GDPR

By ticking this box you are indicating that you have read, understood and agree to the information and terms listing in the **DATA PROTECTION NOTICE IN COMPLIANCE OF GENERAL DATA PROTECTION REGULATION** that was supplied with this form.

SIGNED:

ON BEHALF
OF:

DATE:

SECTION 5: DECLARATION & SIGNATURE

Please tick this box to indicate you have read, understood and agree with our **TERMS AND CONDITIONS** document that was supplied with this form.

I, being the parent or legal guardian of

declare that the information provided in this application is correct.

SIGNED:

PRINT NAME:

DATE: