

APPLICATION FOR MEMBERSHIP

A. Name _____
 Tel. Nos. (H) _____ (W) _____
 Cell: _____
 E-mail: _____
 Date of Birth (if under 18) _____
 Mailing Address _____

JOINT MEMBER ONLY

B. Name _____
 Tel. Nos. (H) _____ (W) _____
 Cell: _____
 E-mail: _____

Please indicate in what aspects of our activities you are interested.

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Accounting | <input type="checkbox"/> <input type="checkbox"/> Production Management |
| <input type="checkbox"/> <input type="checkbox"/> Acting | <input type="checkbox"/> <input type="checkbox"/> Publicity |
| <input type="checkbox"/> <input type="checkbox"/> Administration | <input type="checkbox"/> <input type="checkbox"/> Transport (sets, etc.) |
| <input type="checkbox"/> <input type="checkbox"/> Archives | <input type="checkbox"/> <input type="checkbox"/> Play Reading |
| <input type="checkbox"/> <input type="checkbox"/> Backstage Assistance | <input type="checkbox"/> <input type="checkbox"/> Programme Design |
| <input type="checkbox"/> <input type="checkbox"/> Bartending - Daylesford | <input type="checkbox"/> <input type="checkbox"/> Set Construction |
| <input type="checkbox"/> <input type="checkbox"/> Box Office | <input type="checkbox"/> <input type="checkbox"/> Set Design |
| <input type="checkbox"/> <input type="checkbox"/> Child Supervision | <input type="checkbox"/> <input type="checkbox"/> Set Dressing |
| <input type="checkbox"/> <input type="checkbox"/> Choral Singing | <input type="checkbox"/> <input type="checkbox"/> Singing (Musicals) |
| <input type="checkbox"/> <input type="checkbox"/> Choreography | <input type="checkbox"/> <input type="checkbox"/> Social Media |
| <input type="checkbox"/> <input type="checkbox"/> Costume Construction/ Design | <input type="checkbox"/> <input type="checkbox"/> Software Development |
| <input type="checkbox"/> <input type="checkbox"/> Dancing | <input type="checkbox"/> <input type="checkbox"/> Set Painting |
| <input type="checkbox"/> <input type="checkbox"/> Directing | <input type="checkbox"/> <input type="checkbox"/> Sound |
| <input type="checkbox"/> <input type="checkbox"/> Food - Daylesford | <input type="checkbox"/> <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> <input type="checkbox"/> General Assistance | <input type="checkbox"/> <input type="checkbox"/> Technology Tinkering |
| <input type="checkbox"/> <input type="checkbox"/> Graphic Design | <input type="checkbox"/> <input type="checkbox"/> Ushering |
| <input type="checkbox"/> <input type="checkbox"/> House Management | <input type="checkbox"/> <input type="checkbox"/> Videography |
| <input type="checkbox"/> <input type="checkbox"/> IT Support | <input type="checkbox"/> <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> <input type="checkbox"/> Lighting | <input type="checkbox"/> <input type="checkbox"/> Any other (Please Specify) |
| <input type="checkbox"/> <input type="checkbox"/> Make-up | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Musical Instrument | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Newsletter | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Photography | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Playwriting | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Properties | _____ |

SUBSCRIPTIONS: (Circle whichever one is applicable)

- Junior Members (under 18) \$ 20.00
 Single Members \$ 85.00
 Double Members \$140.00
 Overseas / Student Members \$ 20.00
 Single Patrons \$ 240.00 (minimum)
 Double Patrons \$ 360.00 (minimum)
 Single Senior \$ 35.00 (65 and older)
 Double Senior \$ 55.00 (Both Seniors
 must be 65 and older)

NB: Subscription MUST accompany form. Cheques payable to BMDS. Membership Year from 1st September until 31st August.

Memberships approved at any time between August 31st and May 31st will be subject to fees for the entire membership year. Memberships approved at any time between June 1st to end of August will not incur renewal fees for the following membership year.

Signature _____

Date _____

Proposer: Name _____

Signature _____

Please state length of time that you have known the applicant:

_____ Days/Months/Years

Secunder: Name _____

Signature _____

Please state length of time that you have known the applicant:

_____ Days/Months/Years

Please send this form with your remittance to:

Membership Secretary
 Bermuda Musical and Dramatic Society
 P.O. Box DV 631
 Devonshire DV BX
 or drop in the Membership box
 at the Daylesford Bar.