



# Kinver Light Operatic Society

Affiliated to the National Operatic and Dramatic Association  
Registered Charity No. 513681

President: M.Allen

## APPLICATION FOR MEMBERSHIP

**NAME** ..... (Mr/Mrs/Miss/Ms)

**ADDRESS** .....

.....

.....**POST CODE** .....

**TELEPHONE NUMBER:** ..... **MOBILE:** .....

**EMAIL ADDRESS:** .....

**DATE OF BIRTH:** .....

*If under 16 years of age, please provide parent /guardian contact details*

**NAME:** .....

**TELEPHONE NUMBER:** .....

*For Health and Safety reasons, please provide details, in the strictest confidence, of any medical conditions which should be brought to the Committee's attention:*

.....

I wish to apply for **ACTING / NON ACTING** membership (please circle as appropriate)  
(Children under 16 only accepted as part of a family membership)

If accepted after audition/interview, I agree to abide by the Rules and Constitution of the Society and to pay the annual subscription as detailed below, when due.

**SIGNED**..... **DATE**.....

Membership subscriptions fall due on 1<sup>st</sup> August each year and are currently:

**Adults - £25      Family - £40      Student (16+) - £15**

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**PLEASE NOTE THIS APPLICATION FORM CONTINUES OVERLEAF:**

**My main interests are – please indicate as appropriate:**

Main musical production  Drama productions  Pantomime   
Dancing  Production Team  Back Stage   
Lighting  Front of House   
Other  (please specify) .....

My previous experience is as follows:

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**How did you find out about our Society?** .....

**Do you know anyone in the Society? If so, please give their name(s)** .....

**Please note: APPROVAL FOR MEMBERSHIP WILL BE AT THE DISCRETION OF THE MANAGEMENT COMMITTEE**

**Please complete and return to the Membership Secretary:**

Miss Joanne Gubbins, 138 High Street, Wollaston, Stourbridge, DY8 4PE  
Tel: 07862245815

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**Official Use Only:**

Acknowledged: ..... Date Auditioned: .....

Successful      Unsuccessful      Letter Sent: .....

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