

EREWASH MUSICAL SOCIETY

ACTING-MEMBERSHIP APPLICATION

TITLE: Mr, Mrs, Miss **NAME:**

ADDRESS:

..... **POST CODE:** **Date of Birth:**

Tel: (home) **Tel: (work)**

Mobile: **e-mail address:**

PLEASE STATE CURRENT / PAST MEMBERSHIP OF ANY OTHER MUSICAL / DRAMATICAL SOCIETY. (this is for record purposes and to enable the Society to process Long Service Awards through the National Operatic & Dramatic Association (NODA))

Name of Society or Organisation	Date joined	Date finished
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

PREVIOUS EXPERIENCE : (if applicable, please give a brief résumé)

VOCAL:

DANCE:

ACTING:

DATE OF AUDITION:

MUSIC AUDITION: VOICE RANGE : **APPROVED BY M.D.**

LIBRETTO AUDITION: **APPROVED BY:**

DANCE/MOVEMENT AUDITION: **APPROVED BY:**

MEMBERSHIP APPROVED BY GENERAL COMMITTEE

CHAIRMAN: **DATE:**

COOPERATIVE GROUP Membership

As Erewash Musical Society is currently financially supported by the Co-operative Group – Central & Eastern Region, we ask each new member (over 16 years of age) to join the Co-operative Group by completing the application form at the back of the attached leaflet. The completed form, together with £1.00 (minimum investment in the Co-operative Society), should be handed to the current Secretary. The form would be forwarded directly to the Co-operative Group, who would issue a member's number. It must be stressed, however, that the above is not mandatory and should be entirely the decision of the new member.

COOPERATIVE GROUP MEMBERSHIP NUMBER (where known) :