**LUCILLA DRAMATIC SOCIETY**

**APPLICATION FOR MEMBERSHIP**

Please return this form either by completing online or download and email to: [membership@lucilladramatic.co.uk](mailto:membership@lucilladramatic.co.uk) Alternatively return a hard copy to: Membership Secretary, Lucilla Dramatic Society, 18, Victoria Road, Crosby, LiverpoolL23 8UQ

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| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Address** |  | | **Post code** |  |
| **Email** |  | | | |
| **Tel no** |  | | **Mobile** |  |
| **DETAILS OF PAST EXPERIENCE (IF ANY)** | | | | |
| **MAIN AREAS OF INTEREST:** e.g. acting, directing, stage management. [Don’t worry if you have no experience in any area] | | | | |
| **How did you hear about Lucilla?**  Attended performance 🞏 Website 🞏  Word of mouth 🞏 Facebook 🞏  Local Press 🞏 Twitter 🞏  Other 🞏  [please specify] | | | | |
| **Signature:** | | **Date:** | | |

In line with GDPR [General Data Protection Regulations] Lucilla Dramatic Society will only hold and process the personal data submitted on this form for the purpose of contacting you about matters relating to your application and membership of the society. Please indicate your consent to the society contacting you by :

email 🞏 phone 🞏 post 🞏