

Brookdale Theatre Membership Form

Please return your completed form, along with £3.00 to the Membership Secretary:

Linda Wilson, 33 Southern Crescent, Bramhall, Cheshire SK7 3AQ

email: membership@brookdaletheatre.com

Name _____

Address _____

Town _____

County _____

Post Code _____ Tel: _____

Mobile _____ e-mail: _____

Age(optional) Under 18 18-30 21-35 36-70 Over 70

If you would like to **participate** in any of the following areas, please tick the box.
(The various sub-committees on which you may offer to serve are listed further down this form)

- | | | | |
|-------------------------------|--------------------------|------------------------|--------------------------|
| Seat Erection and Disassembly | <input type="checkbox"/> | Help at Special Events | <input type="checkbox"/> |
| Director (Full Productions) | <input type="checkbox"/> | Stage Management | <input type="checkbox"/> |
| Director (One Act Plays) | <input type="checkbox"/> | Workshop Related | <input type="checkbox"/> |
| Production co-ordinator | <input type="checkbox"/> | Musical Director | <input type="checkbox"/> |
| Help at Coffee Mornings | <input type="checkbox"/> | Special Effects | <input type="checkbox"/> |
| Coffee + Program Sales | <input type="checkbox"/> | Front of House | <input type="checkbox"/> |
| Distribution of Posters | <input type="checkbox"/> | Choreographer | <input type="checkbox"/> |
| Wardrobe | <input type="checkbox"/> | Ticket Sales | <input type="checkbox"/> |
| Lighting | <input type="checkbox"/> | Properties | <input type="checkbox"/> |
| Prompt | <input type="checkbox"/> | Sound | <input type="checkbox"/> |
| | <input type="checkbox"/> | Actor | <input type="checkbox"/> |

If you would like to **serve on a regular sub-committee**, please tick the box.
(If you just wish to get involved from time-to-time, please tick the boxes above)

- | | | | |
|----------------------------------|--------------------------|-------------------------|--------------------------|
| Production Selection and Casting | <input type="checkbox"/> | Front of House | <input type="checkbox"/> |
| Stage and Properties | <input type="checkbox"/> | Wardrobe | <input type="checkbox"/> |
| Publicity and Tickets | <input type="checkbox"/> | Coffee Team | <input type="checkbox"/> |
| Theatre goers | <input type="checkbox"/> | Brookdale Youth Theatre | <input type="checkbox"/> |
| Theatre Workshop | <input type="checkbox"/> | | |

Finally, please list below any recommendations for future productions, as any suggestion will be welcome

This form may also be downloaded from <http://www.brookdaletheatre.com/membership>