



# RETFORD LITTLE THEATRE MEMBERSHIP APPLICATION

Please complete this application form when joining in person or by post. Postal applications should include a stamped addressed envelope and a cheque for the correct amount made payable to **Retford Little Theatre**.

I/We apply for membership of Retford Little Theatre.

Name(s) (block letters) \_\_\_\_\_

Address (block letters) \_\_\_\_\_  
\_\_\_\_\_

Town (block letters) \_\_\_\_\_

Postcode (block letters) \_\_\_\_\_

If you consent to RLT retaining your details, please give us your phone number and/or your email address

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Signed \_\_\_\_\_

FOR THEATRE ADMIN USE ONLY

Membership Numbers

Please enter the quantity and values required for each of the following:

Adult Member £40.00 (each)	Qty	Cost £
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Patron Member £50.00 (each)	Qty	Cost £
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Under 25s Member £5.00 (each)	Qty	Cost £
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Permanent Seat £5.00 (each)	Qty	Cost £
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TOTAL	Cost £
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