

I should like to be a Volunteer at RLT. Please contact me. I am interested in any or all of the following (please tick):

Box Office

Front of House

Duty Manager

Coffee

Ice Cream

Bar

Technical Operation (Sound/Lights)

In the near future, a Little Theatre Committee member will be in touch. Thank you for your interest.

(PLEASE SEE OTHER SIDE)



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

Revised July 2019

(PLEASE SEE OTHER SIDE)