



RETTFORD LITTLE THEATRE MEMBERSHIP APPLICATION

Please complete 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**.

To help us with online booking listings, please name each applicant separately.

(A) First name Last name

(A) Email address

(B) First name Last name

(B) Email address

Address (block letters)

Town

Postcode

By giving us your contact details you hereby consent to our contacting you in line with GDPR.

Telephone

Signed

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

- | | | | |
|---------------------------------------|---|--|-------------------------------------|
| ☐ Producer | ☐ Actor | ☐ Stage Manager | ☐ Tea/Coffee |
| ☐ Prompt | ☐ Props/Costumes | ☐ Technical Operation (Sound or Lights) | ☐ Ice Cream |
| ☐ Set Building | ☐ Backstage Crew | ☐ Duty Manager | |
| ☐ Box Office | ☐ Front of House | ☐ Bar | |

In the near future, a Little Theatre Committee member will be in touch. We are grateful for your interest.

FOR THEATRE ADMIN USE ONLY

Membership Numbers (A)..... (B)

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

Adult Member £60.00 (each)	Qty	Cost £
Patron Member £80.00 (each)	Qty	Cost £
Under 25s Member £5.00 (each)	Qty	Cost £
Permanent Seat £10.00 (each)	Qty	Cost £
	TOTAL	Cost £

Revised June 2026 DC