

Sligo Drama Circle Membership Application Form 2012



Please use **BLOCK CAPITALS** when completing this form. Thank you.

Name: _____

Address: _____

Home Telephone: _____

Mobile: _____

Email: _____

Would you like to receive correspondence by email? (Please tick) Yes No

Please select ✓ from one of the following Membership Options:

Annual Membership €5

Annual Family Membership €15

Please list up to **four** family members:

1. _____

2. _____

3. _____

4. _____

Please send a Cheque/Bank Draft or postal order made payable to **Sligo Drama Circle** to Fintan Whelan, Sligo Drama Circle Membership Secretary, 12 Larkhill Road, Sligo. Bank Lodgements to Permanent TSB Account 8007709, Sort Code 99-06-28. Please list full name on your lodgement transaction & return this form with your Lodgement receipt.

I agree to be bound by the Constitution of the Sligo Drama Circle. Please see www.sligodramacircle.ie for details. Alternatively to receive a copy of our constitution please email sligodramacircle@eircom.net or send a stamped addressed envelope to Fintan Whelan, Membership Secretary, Sligo Drama Circle, 12 Larkhill Road, Sligo. Membership is from 1st Feb 2012 to 1st Feb 2013.

Signed: _____

Date: _____

All details will be kept private & confidential and will not be used for purpose other than our own.

PLEASE DO NOT WRITE BELOW THIS LINE

Payment Received: Yes No Method: Cash Cheque/Draft P. Order Bank

Form Received Date _____ Added to Database Acknowledgement Sent Signed _____