



BERMUDA MUSICAL & DRAMATIC SOCIETY

Membership Application Form

Joint members only

A. Name _____ B. Name _____

Telephone: H _____ W _____ C _____ Telephone: H _____ W _____ C _____

Date of birth (if under 18): _____ Email: _____

Mailing address: _____

Email: _____

Please check activities in which you are interested in participating:

- | | | |
|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Accounting | <input type="checkbox"/> <input type="checkbox"/> House Management | <input type="checkbox"/> <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> <input type="checkbox"/> Acting | <input type="checkbox"/> <input type="checkbox"/> Lighting | <input type="checkbox"/> <input type="checkbox"/> Set Construction |
| <input type="checkbox"/> <input type="checkbox"/> Backstage Assistance | <input type="checkbox"/> <input type="checkbox"/> Make-up | <input type="checkbox"/> <input type="checkbox"/> Set Design |
| <input type="checkbox"/> <input type="checkbox"/> Bartending-Daylesford | <input type="checkbox"/> <input type="checkbox"/> Musical Instrument | <input type="checkbox"/> <input type="checkbox"/> Singing |
| <input type="checkbox"/> <input type="checkbox"/> Box Office | <input type="checkbox"/> <input type="checkbox"/> Playwriting | <input type="checkbox"/> <input type="checkbox"/> Sound |
| <input type="checkbox"/> <input type="checkbox"/> Choreography | <input type="checkbox"/> <input type="checkbox"/> Properties | <input type="checkbox"/> <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> <input type="checkbox"/> Costume Design | <input type="checkbox"/> <input type="checkbox"/> Production Management | <input type="checkbox"/> <input type="checkbox"/> Transport (sets, etc.) |
| <input type="checkbox"/> <input type="checkbox"/> Dancing | <input type="checkbox"/> <input type="checkbox"/> Publicity | <input type="checkbox"/> <input type="checkbox"/> Ushering |
| <input type="checkbox"/> <input type="checkbox"/> Directing | <input type="checkbox"/> <input type="checkbox"/> Play Readings | <input type="checkbox"/> <input type="checkbox"/> Wardrobe - sewing |
| <input type="checkbox"/> <input type="checkbox"/> Food - Daylesford | <input type="checkbox"/> <input type="checkbox"/> Programme Design | <input type="checkbox"/> <input type="checkbox"/> Any other |
| <input type="checkbox"/> <input type="checkbox"/> General Assistance | <input type="checkbox"/> <input type="checkbox"/> Scenery Painting | (please specify below) |

Subscriptions (check which one is applicable):

- | | | |
|--|--|---|
| <input type="checkbox"/> Junior Members (under 18) - \$20 | <input type="checkbox"/> Student - \$15 | <input type="checkbox"/> Single - \$85 |
| <input type="checkbox"/> Double - \$140 | <input type="checkbox"/> Overseas - \$20 | <input type="checkbox"/> Senior Single (65 and over) \$35 |
| <input type="checkbox"/> Senior Double (both 65 and over) - \$55 | <input type="checkbox"/> Single Patron - \$240 | <input type="checkbox"/> Double Patron - \$360 |

NB: Payment MUST accompany form. Cheques payable to B.M.D.S. The membership year is from 1st September until the 31st August the following year. Applications made after 1st June will be carried over to the next financial year.

Signature – Applicant A Date (dd/mm/yy) Signature – Applicant B Date (dd/mm/yy)

Applications for membership shall be proposed and seconded by members of the Society in writing and applicants may be elected at the discretion of the Executive Committee.

Proposer Name Date (dd/mm/yy) Seconder Name Date (dd/mm/yy)

Proposer Signature Seconder Signature

State length of time that you have known the applicant. State length of time that you have known the applicant.