

SHOESTRING: APPLICATION FOR MEMBERSHIP

Name:

Age:

Address:

Telephone Number(evenings):

(daytime):

email address :

it is/is not ok to divulge my email address to other members

Brief summary of theatre experience and/or interests

I enclose cheque/cash for £6 (£3 for those in full-time education & over 60) payable to "Shoestring".

Signature

**Please forward to Membership Secretary, Sally Cowley, 35 Rutland Road,
Stamford, PE9 1UP (TEL: 01780 753816)**