



Stamford Shoestring Theatre

Application for Membership

Full Name

Date of birth/ age range

Address

Telephone numbers (*home*)

(*work*)

(*mobile*)

Email address

(Please indicate whether your email address may be made available to other Shoestring members for Shoestring business only.

**Make available /do not make available (delete as appropriate)*

Summary of your theatre experience

(*eg. Acting roles, back stage experience, technical skills etc*)

Other relevant skills/ interests

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

Signature

Date

Please print, complete and forward this form to:

Shoestring Membership Secretary, Heather Butterworth, C/o Stamford Arts Centre, 27 St Mary's St, Stamford, Lincolnshire PE9 2DL.

Please also email info@stamfordshoestring.com to advise Heather that you are sending in your application form. Many thanks.