



## Membership Form

First name	
Surname	

If under the age of 18, the following details must be completed by the parent/carer:

Parent/carer full name (if member under 18 years)		
Email address		
Mobile phone number		
Landline phone number		
Preferred method of contact (circle one)	Email	Text message
Address 1		
Address 2		
Town		
County		
Postcode		

- I give permission for the personal information above to be used only in relation to administration of membership and communication towards social events of Crowthorne Amateur Theatrical Society. I understand my details will not be passed on to any other party for any other purpose.
- I give permission for my email address to be added to the CATS Members Yahoo group email. I can unsubscribe at any time.
- I give consent to my name and photograph to be used (adult permission if member is under 18 years) on the CATS website, CATS social media pages and production programmes.
- (If member under 18 years) I give permission for my child's email address to be added to the CATS Members Yahoo group email in addition to mine.
- I will read the CATS child protection policy and sign to agree to keep our children safe (a copy will be emailed to you).
- I will attend safeguarding / chaperoning training provided by CATS and be available to chaperone our child actors at least one performance per year.

Signature:.....

Date:.....

**CATS use only:**

Amount paid	
Date paid	
Payment method	
Confirmation email sent	