

Membership Application Form

Please return to: Lyn Beesley (Membership Secretary),
Clementine House, Manor Farm Court, Martinstown, Dorchester. DT2 9JN
Telephone: 01305 880055 email: lynbeesley@btinternet.com

I, the under-mentioned, hereby apply for membership of the above mentioned Association (DCPA). I agree that, if appointed a member, I will abide by the rules of the Association as at the date of my application and as varied from time to time. I confirm that I am aware that if the Association becomes insolvent I may be called on in the event of the Association being wound up to contribute up to a maximum of £2 and that this liability will continue for a period of twelve months following my ceasing to be a member.

Please note that as a member you are entitled to resign at any time. This must be given in writing. Please ensure any change of contact details is given to the membership secretary.

Please complete details below. If applying as a family membership please complete a form for each member of the family. Membership fees currently are: Individual £5.00, Family £8.50. The membership year runs from 1st January.

Name: _____ (Title: Mr/Mrs/Miss/Ms/Other)

Address: _____

Post Code: _____

Email address: _____

Telephone no: _____

I agree to this information being stored manually or on computer for DCPA use. Yes/No

I agree to receive information relating to DCPA. Yes/No

I agree to receive information from other organisations relating to Art and Drama that the Association considers may be of interest. Yes/No

Signed..... Date.....

I enclose cash / cheque (payable to DCPA) for £5.00/ £8.50

I will be paying £5.00/ £8.50 Online (BACS) or by Standing Order to DCPA, HSBC Bank, Account number 81522795, sort code 40-19-21. Please reference MEMBFEE

I will complete a Gift Aid Form Yes/No

For official use only:

Date membership agreed: _____

Membership Number: _____