

J A D C

Jersey Amateur Dramatic Club
MEMBERSHIP APPLICATION FORM

NAME..... DATE.....

ADDRESS.....

.....POST CODE

E-MAIL ADDRESS.....

TELEPHONE: DAYTIME..... EVENING

AGE (tick box) Junior 14-16 16-25 25-35 35-45 45 +

AREAS OF INTEREST (tick box)

Acting	Singing	Dancing	
Backstage skills	Stage management	Costume	Other

PREVIOUS STAGE EXPERIENCE

.....

.....

YOUR SIGNATURE

PROPOSED BYSECONDED BY

(ONE OF WHOM MUST BE A COMMITTEE MEMBER)