

Membership Application Form 2022

First name:	Surname:
Date of birth:	Home telephone:
Address: Postcode:	Mobile number:
Email:	
Next of Kin Name: Relationship: Contact Number:	Upcoming Holidays (continue overleaf):
Any health conditions we should be aware of:	

I wish to become a member of the Threshold Theatre Company. I agree to comply with the rules of the Company. I understand that I am entirely responsible for my own safety and property at all times, and that Threshold Theatre Company will not accept liability for injury or loss at any time or in any place.

I understand that my details will be held by the Threshold Theatre Company Committee on the Database and Members List and will be used by the Committee for Threshold Theatre Company related communications and to administer your membership to our society and not for any other purpose, in accordance with the Data Protection Act & GDPR. You can withdraw your consent at any time by notifying Secretary@thresholdtheatrecompany.co.uk

We ensure the security of any personal information we hold by using secure storage and precise procedures in how we store, access and manage that information. Our methods meet the GDPR compliance requirements.

Your details will be kept on file for the duration of the membership year / show you are participating in, after which information will be disposed of in a GDPR compliant manner, unless you choose to extend your membership further. If you have any concerns, need to update your data or change your mind, please email Secretary@thresholdtheatrecompany.co.uk

I agree that my image in photographs, and on film or video footage, in connection with productions, may be used for Threshold Theatre Company, including posters, articles in newspapers and publications, online and other promotions. A copy of Threshold Theatre Company's constitution can be found online: www.thresholdtheatrecompany.co.uk

Signed.....

Date.....