



# EVERYMAN THEATRE ASSOCIATION

*Friends of the Everyman Theatre*

## *Membership Application Form*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

If joint membership, please indicate second member's name:

\_\_\_\_\_

£25 Individual Membership

£45 Joint Membership

£60 Three Year Individual Membership

£110 Three Year Joint Membership

£750 Individual Life Membership

£1,000 Joint Life Membership

I enclose a cheque for £ \_\_\_\_\_ made payable to the Everyman Theatre

Please debit my Credit Card Number: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Issue No: \_\_\_\_\_ Security No: \_\_\_\_\_

*(last 3 digits on reverse of card)*

**Total payment of £ \_\_\_\_\_**

*How did you hear about us?*

*Advertisement in theatre programme*

*Promotional display at the theatre*

*ETA Notice Board in the theatre*

*Local media*

*Recommendation from friend or family*

*Facebook / Website*

Please complete this form and return to:

Box Office Everyman Theatre Association, Regent Street, Cheltenham GL50 1HQ

**[www.everymantheatre.org.uk](http://www.everymantheatre.org.uk)**

*We look forward to welcoming you to our next event*