

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

We look forward to welcoming you to our next event