**OCT Membership Form**

Full Name .......................................................................................................

Email Address (of parent for under 16s)..........................................................

Correspondance Address...........................................................................................................

…………………………………………………………………………………………………………...

Telephone Number (of parent for under 16s).............................................................................

Are you happy to share your details with the OCT Committee? Yes / No

Are you happy to share your name and email address with everyone on the OCT Members email list? Yes / No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.

**Membership fees 2022/23:**

**Adult £6 - Child (under 18) £4 - Family (2 adults and children) £12**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For family membership, please list name and (optional) e-mail address for each member other than those already specified above. For children under 16, email details must be for a parent/guardian:

Name ........................................... e-mail ...................................................... Child/Adult

Name ........................................... e-mail ...................................................... Child/Adult

Name ........................................... e-mail ...................................................... Child/Adult

Name ........................................... e-mail ...................................................... Child/Adult

Please complete this form and return to the OCT Committee. Your membership fee should be paid via bank transfer to:

Account Name **Ottery Community Theatre**

Sort Code **30.94.36**

Account Number **24252568**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Office Use Only | Date fee received |  |