

# WestMeon Theatre



## Membership Form

Name: .....

Address: .....

..... Post Code: .....

Tel: ..... Email: .....

I would like to be involved in (tick as many as you like)

- |                    |  |
|--------------------|--|
| » Acting           | » Props  |
| » Singing          | » Sound  |
| » Dancing          | » Lighting   |
| » Directing        | » Design/Production of Posters / tickets<br>programme              |
| » Stage Management | » Front of House   |
| » Set Design       | » General Help (bar / ushering /<br>coffee making / cleaning etc!) |
| » Set Construction | » Just Audience  |
| » Set Painting     |  |
| » Costume Design   |  |
| » Costume Making   |  |

Other suggestions or comments:

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.....

**Subscription: £10.00 for All ages**

Return this form to 6 Doctors Lane, West Meon GU32 1LW  
Payments direct to West Meon Theatre - Nat West - Sort Code 55-70-34 Account No  
09879749

Please note the Newsletter is distributed by E-Mail