



Membership Secretary

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The Guernsey Amateur Dramatic & Operatic Club  
*A Guernsey charitable company limited by guarantee*

APPLICATION FOR MEMBERSHIP OF THE GUERNSEY AMATEUR DRAMATIC & OPERATIC CLUB ("GADOC")

*Please complete and return to the membership secretary at the above address*

Membership type     Adult                       Child                       Senior (65+)                       Temporary  
                                  Couple                       Family  
                                 *(complete two forms & submit together)*                      *(complete one form per person & submit together)*

Name: \_\_\_\_\_ Previous/Maiden Name(s): \_\_\_\_\_

Title: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

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

Interests (please tick all that apply):

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Acting         | <input type="checkbox"/> Singing        | <input type="checkbox"/> Dancing       | <input type="checkbox"/> Directing         | <input type="checkbox"/> Choreography     |
| <input type="checkbox"/> Stage Crew     | <input type="checkbox"/> Make-up        | <input type="checkbox"/> Prompting     | <input type="checkbox"/> Stage props       | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> Costume Making | <input type="checkbox"/> Front of House | <input type="checkbox"/> Scenic Design | <input type="checkbox"/> Carpentry         | <input type="checkbox"/> Painting         |
| <input type="checkbox"/> Sound          | <input type="checkbox"/> Lighting       | <input type="checkbox"/> Chaperone     | <input type="checkbox"/> Supporting Member |   |
|   |   |  | <input type="checkbox"/> Other: _____      |   |

*This application must be proposed by an adult GADOC member or, if the applicant is not known to any existing members, then an adult with at least one year's knowledge of the Applicant in a similar capacity. Membership of GADOC can involve the Applicant in productions with young people under the age of 18 years and the Proposer, by signing this statement, confirms that he/she knows of no reason why the Applicant should not associate with children.*

Proposed by (name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GADOC Member, or

Relationship to Applicant: \_\_\_\_\_ Contact details: \_\_\_\_\_

- I agree to receiving all correspondence regarding my membership, including the GADOC newsletter, via email;
- I agree to GADOC, via its agreed representatives, taking photographs and video recordings including images of myself, for both archive and publicity purposes, including publishing in print or by electronic media such as DVDs and the GADOC website;
- I agree to GADOC, via its agreed representatives, using photographs and video recordings including images of myself for promotional purposes on social media.

If elected by the Committee, I undertake to be bound by the Memorandum & Articles of Association of GADOC, a charitable company limited by guarantee and, in particular, to contribute up to the sum of £1 to the assets of GADOC in the event of it being dissolved whilst I am a member, or within one year of my ceasing to be a member, for the payment of GADOC's debts and liabilities incurred before I cease to be a member, and the costs, charges and expenses of GADOC's dissolution, and for any adjustments of the rights between the members.

Signed (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Parent/Guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_



