

membership application form

Name _____

Address _____

Mobile No _____ Telephone No _____

e-mail address _____

Date of application _____ Male Female

Full Membership (ACTORS WHO WISH TO TAKE CLASSES)

Equity No _____ Spotlight Link _____

Playing Age: late teens-20s 30s-40s 50 upwards

1 year (£55) 6 mths (£37.50) (Equity members will receive a £5.00 discount for their first membership)

Renewal fees £55/£37.50 (£5 discount if you renew before your membership expires)

PLEASE ENCLOSE:

- CV and headshot (or Spotlight CV)
- Proof of union/Equity membership or letter of exemption and/or **copy** of training graduation certificate or diploma
- Passport-sized photo
- Payment. We only accept credit/debit card payments (see below)

Signed _____ I agree to the Actors Centre terms and conditions

Your application will be assessed and you may be called in for an assessment interview.

Associate Membership (INDUSTRY ASSOCIATES WHO WISH TO OBSERVE, BUT NOT TAKE, CLASSES)

Profession _____

Professional Affiliation (BECTU, Directors Guild etc) _____

PLEASE ENCLOSE:

- Letter of application
- CV
- Annual Payment £25.00. We only accept credit/debit card payments (see below)

Signed _____ I agree to the Actors Centre terms and conditions

Credit Card Details (if applicable)

Card Number _____ Start Date _____ Expiry Date _____

Security No (last 3 digits on back of card) _____ Issue Number (Switch Only) _____

(Card details will be shredded once your membership payment has been processed)