



Membership Form

Please complete all relevant information, if there are any changes to your information please contact the membership secretary.

Full Name	
Date of Birth (DD/MM/YY)	
Contact Number	
Email Address	
Address	
Postcode	

To be completed for members 16 years old and under

Parent/Carer Name	
Contact Number	
Email Address	
Signature	

Emergency Contact Information

Emergency Contact One	
Name	
Contact Number	
Relationship to member	
Emergency Contact Two	
Name	
Contact Number	
Relationship to member	
Emergency Contact Three	
Name	
Contact Number	
Relationship to member	



Photograph Use Consent

I agree to allow Buckshaw VAMP to take photographs of myself/the child in my charge and grant permission for these to be used by Buckshaw VAMP to promote upcoming productions in press releases, on social media as well as on the website and in promotional material, exclusively for non-profit-making purposes.

I consent and agree to the above	Yes		No	
Signed (must be parent/carer if 16 or under)				

Medical Information

Doctors Name				
Doctors Surgery				
Do you have any allergies/ illnesses/ health problems	Yes		No	
If yes, please list				
Do you take ant medication?	Yes		No	
If yes, please list				

I have read and agree with the constitution (available on the website or from the director)	Yes		No	
Signature of member				
Signature of parent/carer (if 16 or under)				
Date				

Chair: Aby Hardy

Vice Chair: Lois Howard

Membership Secretary: Lynn Harley

buckshawvamp@live.co.uk

www.buckshawvamp.co.uk - www.facebook.com/buckshawvamp - Twitter: @buckshawvamp

To be completed by Buckshaw VAMP

Membership fee paid	Yes		No	
Signature of person receiving form				
Date				
Membership renewal date				