



www.studleyoperatic.co.uk   Find us at Studley Operatic Society   @studleyoperaticsocietysos

**MEMBERSHIP FORM 2021/2022**

*Please print and complete, or complete download and complete a copy from our website and forward to studleyoperatic@gmail.com*

**BASIC INFORMATION**

**First Name**: ……………………………………………………

**Surname**:………………………………………………………

**Address**: ……………………………………………………………………..………………

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…………………………………………………………………………………………………

**Postcode**: ………………………………………………………

**Tel No**. ……………………………………………………………………………………….

**Mobile**:……………………………………………………...……………………………......

**Email Address**:……………………………………………………………………………...

**EMERGENCY CONTACT:**

**Name**:………………………………………**Relation**:………………………………………

**Contact Number**:…………………………………………………………………………….

**MEMBERSHIP TYPE** (please tick one)

**Performer**

**Non-Performer**

**Student** (please provide student ID)

**Vocal Range** (if performing member) ……………………………………………

**PERMISSIONS**

We need your permission to process the following information. Please circle ‘yes’ or no’ below:

1. **If you are on Facebook, are you happy for us to add you to our** YES/NO

***42nd Street Cast and Crew* Facebook group?**

*We use this to send members reminders and information relating to the show.*

1. **Are you happy for photos to be published on:**
* **Studley Operatic Society website** YES/NO
* **Our social media channels** *(currently Facebook and Instagram)* YES/NO
* **Our show programme** YES/NO
* **I am happy for my name to be attached to any photographs** YES/NO

**used** **as set out above**

1. **Would you like to join our mailing list to receive updates about** YES/NO

**Our news and social events?**

*If you agree, we will use the email address that you have provided above.*

**MEDICAL INFO**

If you have a medical condition that you wish for us to be aware of, please provide details below. This information will only be disclosed to the principal officers of the committee and the production team where appropriate.

………………………………………………………………………………………………………………

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I consent to you holding this information and disclosing it to medical professionals in the event of an emergency.

Signature…………………………………......................Date: ………………………………

Print Name…………..………………………………………………..

*The information you provide to us will be stored on our database and we will only use it to contact you should we have important information regarding rehearsals or membership or as you have permitted us to do so. We will use your emergency contact details only where it is necessary for us to do so. Where you have provided your consent, you have the right to withdraw your consent any time. Should you wish to withdraw your consent, please email us at* *studleyoperatic@gmail.com* *or speak to a member of the committee. For more details of how we use your information and how long we retain it, please see our privacy notice at* [*www.studleyoperatic.co.uk*](http://www.studleyoperatic.co.uk)*.*