

MEMBERSHIP APPLICATION FORM 2026/2027

(Membership runs from 1st August to 31st July each year.)

CATEGORY: Tick all as appropriate

PRIMARY ADULT (£15)

JOINT* (£10) (adult living at same address as the primary applicant)

Junior (£10**) (those under 22 in full time education)

Fees may be waived in cases of hardship, please contact membership@mhds.org.uk for details.

OFFICE USE: **MEMBERSHIP NUMBER:** _____

DATE JOINED: _____ **DD:** **GA:**

Paid Cash **Chq** **Card** **BACS** £ _____

Card/pack sent: _____ **Dbase** **Interests**

New Member file **Department heads**

APPLICANT(S) DETAILS:

Only supply your email if you wish to receive newsletters and other essential information from the theatre in accordance with our GDPR policy posted on our website. You can opt out later.

Title: _____ **Category:** _____

First name: _____

Surname: _____

ADDRESS _____

POSTCODE: _____

TEL: _____

MOBILE: _____

EMAIL: _____

INTEREST CODES:

Title: _____ **Category:** _____

First name: _____

Surname: _____

TEL: _____

MOBILE: _____

EMAIL: _____

INTEREST CODES:

Title: _____ **Category:** _____

First name: _____

Surname: _____

TEL: _____

MOBILE: _____

EMAIL: _____

INTEREST CODES: Add the appropriate codes to each applicant's personal details.

A – Acting	X – Box Office
D – Directing	IC – Ice cream sales
SM- Stage Management	C – Coffee Steward
L – Lighting	B – Bar Steward
S – Sound	MK - Marketing
P – Props	FOH – Front of House
W – Wardrobe	
SN – Set Building	
OTHER (Please specify) _____	

COMMITMENT

As the primary applicant, I confirm that everyone detailed on this form will abide by the MHDS rules and regulations as detailed and updated from time to time on the MHDS website. I understand that this form will be stored electronically and will only be used/shared amongst authorised MHDS personnel in compliance with its GDPR policy as detailed on the MHDS website.

MHDS Trustees reserve the right to refuse membership applications.

Signed: _____

Print name: _____ Date: _____

MEMBERSHIP PAYMENT OPTIONS

Direct debit payments are collected in August of each year. Consequently, most members make their first payment via one of the methods below and then opt to have payments collected automatically to reduce volunteer workloads and improve efficiency. Please complete the attached direct debit form for future payments.

Please indicate below your preferred initial payment method:

- BACS – I will transfer the fees directly to** Market Harborough Drama Society, Sort Code – 30 99 50, Account number – 50055368, Reference – Your surname.
- Credit/debit card** – I will telephone the office during office hours
- Credit/debit card** – please contact me on my number above
- Credit/debit card/cash/cheque** – I will visit the office between 09.30 and 12.30 Monday to Saturday to make the payment in person.

GIFT AID

Market Harborough Drama Society (MHDS) is a registered charity and able to collect up to 25p per pound from the government on money collected as membership fees.

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- Please treat this and future membership fees and gifts of money, as Gift Aid Donations. I am a UK taxpayer and pay income tax at least equal to the tax MHDS will reclaim on my donations in each tax year (currently 25p per £1.) I will advise MHDS if my tax position changes and wish to cancel my Gift Aid instruction.

Signed: _____ Date: _____

Please print Name: _____

Address: _____

Please scan and send the completed form to membership@mhds.org.uk or return to the office with your payment.

Market Harborough Drama Society (MHDS) is a Charitable Incorporated Organisation, charity number 1162014. It was first established in 1933 for “the furtherance of dramatic arts.”

MHDS Registered office: Harborough Theatre, Church Square, Market Harborough, LE16 7NB.