

MEMBERSHIP RENEWAL FORM

This form must be completed in CAPITAL LETTERS, except for signature(s)

I/WE wish to RENEW my/our membership of the Talisman Theatre for the Year ending 31st December 20_____

1st MEMBER

Surname: _____

Forename: _____

2nd MEMBER

Surname: _____

Forename: _____

Address: _____

Post Code: _____

Telephone: _____

MEMBERSHIP SECRETARY

Stephen Duckham
47 Compass Court, Norfolk Street
Coventry CV1 3LJ

ANNUAL SUBSCRIPTION:

Please tick Appropriate Box

- £35 Joint (2 people living at the same address)
- £20 for Individual Members
- £15 for Senior Citizens
- £15 for 16-18
- £15 for UB40 Holders
- £10 for Junior Members (up to 16)

I/WE Enclose Cheque/Cash for £ _____
(Cheques Made Payable to Talisman Theatre Company)

Signature(s) _____
