



Affiliated to Noda

**Eclipse Performing Arts**

**Adult Membership Form**

**Name**.....

**Address**.....

.....

.....

**Postcode**.....      **Telephone**.....

**Email**.....

**Declaration by Member**

I understand that although a membership fee is required, a show fee may also be payable for some productions to assist with the running costs.

I agree to abide by the rules of the society as set out in the constitution and failure to comply with these rules may result in my exclusion from this and/or subsequent productions

**Member Signature**.....

**Date**.....

Membership Secretary:

Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Receipt Given Y/N