

Membership Application

Please return to: The Questors Theatre, 12 Mattock Lane, London W5 5BQ

Complete in BLOCK CAPITALS and PRINT CLEARLY

Name _____

Address _____

Postcode _____

Phone _____

Mobile _____

Email _____

Tick to receive regular Questors news by email

Date of birth _____

(required for Senior Citizen, Under-26 and Under-19 discounts)

Tick if enclosing proof of Benefit Recipient discount

Tick for (new members only): 6-month trial 15 months for 12

Amount paid (see left for subscription rates) £ _____

Tick for further information about becoming actively involved

Tick for further information about acting auditions

How did you hear about The Questors Theatre?

'Plus' Ticket

'Plus' Ticket (*only available with membership*) £ **75.00**

Gift Aid Donation

I would like The Questors (reg. charity no. 207516) to treat the following amount, and all the donations I have made for this tax year and the six years prior to the year of this declaration, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I understand that I must pay 25p United Kingdom income and/or capital gains tax for each £1 I have donated, in the tax year. The Government will add an extra 3p, so that the charity will receive 28p for each £1 donated under Gift Aid.

£ _____

Signature _____ Date _____

Payment

I enclose a cheque payable to 'The Questors Ltd' for £ _____

I would like to pay by Visa, Mastercard or Maestro/Switch

Card no. _____ Amount £ _____

Valid from ____/____/____ Expiry date ____/____/____ Issue no. ____

Security code (*final three digits above signature*) _____

Address (if different from above) _____

Signature _____ Date _____

The Questors Theatre complies fully with the Data Protection Act.



Instruction to your Bank or Building Society to pay by Direct Debit

Please complete in ballpoint pen.

Name and full postal address of your Bank or Building Society

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address | |
| Postcode | |

Originator's Identification Number

| | | | | | |
|---|---|---|---|---|---|
| 9 | 8 | 0 | 1 | 5 | 9 |
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Reference (*leave blank - The Questors to complete*)

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Name(s) of Account Holder(s)

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Bank/Building Society account number

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Branch Sort Code

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Instruction to your Bank or Building Society

Please pay The Questors Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Questors Ltd and, if so, details will be passed electronically to my Bank/Building Society.

| |
|--------------|
| Signature(s) |
| Date |

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.