



## BATS Membership

Our membership runs for one year from the date you join. However, the membership for those joining for the February show will start in the preceding October (at commencement of rehearsals) for one year. You must be a member to join in BATS activities, to be properly covered by the society's accident insurance and to be able to vote at the AGM.

There are a variety of membership levels available, each with different entitlements. Members with partners may apply for joint membership.

### **Full Members**

Full Members may take part in all aspects of staging BATS productions.

Adult Full Members may stand for election to the Society's committee & vote at the Society's General Meetings.

### **Associate Members**

Associate Members may take part in theatrical productions backstage, front of house and in technical roles.

Associate Members have the right to attend and speak at General Meetings of the Society but not vote.

### **All Members**

All Members will receive regular news and updates & are welcome at all BATS social functions with the exception of restrictions by licensed premises to under 18's.

All members must adhere to our Safeguarding Children Policy which is available on our website or in hardcopy on request: [www.batsonline.co.uk](http://www.batsonline.co.uk)

A copy of the Society's constitution can be found on our website ([www.batsonline.co.uk](http://www.batsonline.co.uk)).

By becoming a member of BATS, via completion of this membership form you are giving consent to BATS to hold your personal information. The consent is presumed whilst you are a BATS member, or past member, unless you contact us to request your information is removed. All personal information is held securely and will not be shared outside of BATS, except in the case of a medical emergency.

**Please note: for ease of communication, group emails are frequently used to share information to the group. We therefore request that you specify an email address that you are willing to use for this purpose.**

Membership fees are due annually. Our preferred method of payment is standing order or bank transfer. Alternatively cheques or cash payments are acceptable. Please complete & return page 2 and 3 (if applicable) to the membership secretary.

Please note Junior & Teen BATS are also required to pay a termly fee as payment for sessions.

**Members Details:**

**Member One:**

Full Name.....Date of Birth: ...../...../.....

Home Address: .....  
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Home Tel No: .....Mobile Number: .....

Email address: .....

**Additional Members:**

Full Name..... Date of Birth: ...../...../.....

Mobile Number: .....Email address: .....

Full Name..... Date of Birth: ...../...../.....

Mobile Number: .....Email address: .....

Full Name..... Date of Birth: ...../...../.....

Mobile Number: .....Email address: .....

Full Name..... Date of Birth: ...../...../.....

Mobile Number: .....Email address: .....

Full Name..... Date of Birth: ...../...../.....

Mobile Number: .....Email address: .....

**Please select the type of membership you require below:**

Membership Type	Cost	Number Required
Full Adult Membership	£20	
Joint Adult Membership	£30	
Associate Membership	£10	
Joint Associate Membership	£15	
Full Child Membership (Aged 18 & under)	£10	
Family Membership (2 Full Adults & up to 3 children)	£40	
Additional Children (Family Membership)	£5	

**Total Cost of Membership Fees owed:**

**Please select payment type:**

- Cash
- Cheque (Made Payable to BATS)
- Bank Transfer (Sort code: 30-94-55 / Account Number: 00436802)
- Standing Order (Sort code: 30-94-55 / Account Number: 00436802)

**Supplementary Form for Child Members ONLY**

Please select relevant membership type:

Junior Bats / Teen Bats / Other (Feb Show or Play) – Delete as applicable.

**CHILD MEMBERS – EMERGENCY MEDICAL DETAILS & MEDIA CONSENT**

**Please complete for each child member under 18.**

Full Name.....Date of Birth: ...../...../.....

Doctors Name: .....

Doctors Address: .....

Doctor’s Telephone details: .....

Emergency Contact details:

1. Full Name: .....

Relationship to Child.....

Address:.....

Tel:.....

Email Address:.....

2. Full Name: .....

Relationship to Child.....

Address:.....

Tel:.....

Email Address:.....

Name and address of child’s school:

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**Details of medical conditions and/or allergies which affect my child. Please state if ‘none’.**

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**Please note: BATS are unable to administer any medication including Asthma pumps.**

Declaration: I give permission for my child, named above, to attend Brantham Amateur Theatrical Society (BATS) and take part in its activities. In case of illness or accident, I authorise the leaders to act on my behalf to obtain necessary urgent medical treatment.

I also give permission for my child’s photograph to be reproduced on the BATS website or in any publicity and for him/her to appear in any production DVD or other recording.

**Signed**..... **Date**.....

Mother / Father / Guardian with Parental Responsibility (delete as necessary).