



APPLICATION FOR MEMBERSHIP

To: Peter Hockley, CAODS Membership Secretary
Runwell Hall Farmhouse, Hoe Lane, Rettendon, Chelmsford, Essex, CM3 8DQ
Email: membership@caods.com

Fees: **ACTING - £40** **NON ACTING - £15**
(50% discount for Students in full time education applies to Acting Membership only)

Title: Mr / Mrs / Miss / Ms (please circle)

Surname: _____

First Name: _____

Address: _____

Home Telephone: _____

Mobile: _____

E-mail: _____

Date of Birth: _____

Do you have any underlying medical condition or illness that would affect your cover under the caods insurance provided by NODA (see attached document) YES / NO

Do you have a disability as stated under the Equality Act 2010 YES / NO

If you have answered YES to either of the above please provide details:

Note – if you are a Non-Acting member then Date of Birth and medical conditions are not required

I enclose £ ____ as my subscription for acting / non-acting membership of CAODS

I wish that all annual subscriptions paid to **caods** in the future and in the last 4 years shall be treated as donations under the Gift Aid Scheme and declare that I am a UK taxpayer, resident in the UK for tax purposes

Signed: _____ Date: _____

Please Note – the membership year runs from 1st June to 31st May

Members' details are often made available to the Committee and Production Teams. Please advise if you do not want your details passed on.