

**GENEVA ENGLISH DRAMA SOCIETY (GEDS)    www.geds.ch**  
**MEMBERSHIP FORM – SEASON 1 SEPTEMBER 2016 to 31 AUGUST 2017**  
 Postal Address : Geneva English Drama Society, 1200 Geneva.      Email : geds@geds.ch

**PLEASE TYPE OR WRITE IN BLOCK LETTERS**

FAMILY NAME			
FIRST NAME		M <input type="checkbox"/>	F <input type="checkbox"/>

All the information below is needed by GEDS so that you can be contacted and receive society communications. This is not shared with others. We do however publish your **name** and **at least one** method of contacting you in the internal directory distributed to GEDS and GAOS members. If there is information you do NOT want published in the directory, click the NO box. Please notify all changes ASAP to the membership secretary.

		NO <input type="checkbox"/>
EMAIL		<input type="checkbox"/>
POSTAL ADDRESS, town, post code, country.		<input type="checkbox"/>
TEL (HOME) with area codes		<input type="checkbox"/>
TEL (MOBILE) with area codes		<input type="checkbox"/>
TEL (OTHER) with area codes		<input type="checkbox"/>

TYPES OF MEMBERSHIP Please click category	FEE /YEAR CHF		I WILL PAY BY	
<input type="checkbox"/> INDIVIDUAL	60.-		<input type="checkbox"/>	<b>CASH AT A PLAYREADING</b>
<input type="checkbox"/> RETIRED (over 60)	40.-		<input type="checkbox"/>	<b>OR E- BANKING</b> • Amount of membership fee • Payable to Geneva English Drama Society, 1200 Geneva • Post Office account No. 12-10826-9 • Add your telephone number or email address
<input type="checkbox"/> STUDENTS (under 25) Those receiving unemployment benefits	30.-		<input type="checkbox"/>	<b>OR CASH AT A SWISS POST OFFICE (La Poste)</b>
<input type="checkbox"/> TRIAL MEMBERSHIP Valid for one season	30.-			

**I AM INTERESTED AND WOULD BE WILLING TO PARTICIPATE IN OR LEARN MORE ABOUT :**

<input type="checkbox"/> ACTING	<input type="checkbox"/> DIRECTING	<input type="checkbox"/> PROMPT	<input type="checkbox"/> PROD ASST
<input type="checkbox"/> MAKE-UP & HAIR	<input type="checkbox"/> COSTUMES	<input type="checkbox"/> PROPS	<input type="checkbox"/> STAGE MGMT.
<input type="checkbox"/> BACKSTAGE	<input type="checkbox"/> SOUND	<input type="checkbox"/> LIGHTING	<input type="checkbox"/> SET DESIGN
<input type="checkbox"/> SET BUILDING	<input type="checkbox"/> FRONT OF HOUSE <small>(programme selling/ ticket checking/ushering, bar)</small>	<input type="checkbox"/> PUBLICITY	<input type="checkbox"/> EVENTS

**More information about yourself (optional)**

Date :

Please submit this WORD form by :  
 Printing it, completing by hand and bringing it to a playreading.  
 OR completing the form on your computer screen, SAVE it, and send it as an email attachment to geds@geds.ch  
 OR Post it to Geneva English Drama Society, 1200 Geneva.