GENEVA ENGLISH DRAMA SOCIETY (GEDS) www.geds.ch

MEMBERSHIP FORM – SEPTEMBER 2024 to 31 AUGUST 2025
Postal Address : Geneva English Drama Society, 1200 Geneva. Ema Email:geds@geds.ch PLEASE TYPE OR WRITE IN BLOCK LETTERS

FAMI NAMI	- :										
FIRS	T NAME										
EMAIL											
POST code,											
TEL (HOME)										
TEL (MOBILE)										
	ES OF MEMBERSHIP to click category	FEE -CHF Valid until 31.8.2025	1	I WILL PAY BY							
	INDIVIDUAL	80			E-	Paya Post	Payable to Geneva English Drama Society, 1200 Geneva Post Office account IBAN CH05 0900 0000 1201 0826 9 Please add your email address				
	RETIRED (over 60)	60			OR CASH OR TWINT AT A PLAYREADING						
	STUDENTS (under 25) and those receiving unemployment benefits	30									
	TRIAL MEMBERSHIP Valid for one season	30									
I AM INTERESTED AND WOULD BE WILLING TO PARTICIPATE IN OR LEARN MORE ABOUT :											
	CTING	DIRECTING					PROMPT	☐ PROD A	ASST		
□ N	MAKE-UP & HAIR	COSTUMES						PROPS	☐ STAGE	MGMT.	
☐ BACKSTAGE ☐ SOUI			D				LIGHTING	☐ SET DE	SIGN		
(programm			OF HOUSE e distribution/ ticket shering, bar)					PUBLICITY	☐ EVENTS	S	
As a member I agree to my data being held by GEDS and my email address being added to an encrypted membership list in order to receive society communications. These data are not shared with a third party.											
DateSignature											

Please print this form, complete by hand and bring it to a play-reading, or post it to Geneva English Drama Society, 1200 Geneva

OR download this form on your computer, SAVE it, complete and send it as an attachment to membership@geds.ch (no signature required)