



## APPLICATION FOR MEMBERSHIP

Please complete in block capitals.

Name (Mr/Mrs/Miss/Ms) .....

Address .....

Date of Birth .....

Telephone Number ..... Mobile Number .....

Email address .....

Type of Voice ..... Can you read music? .....

Please state any previous experience (singing/acting/dancing):-

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Signed ..... Date .....

N.B. You should prepare a vocal audition piece and bring the music for the pianist with you. There will also be a short movement audition and a piece of dialogue to read.

Our regular rehearsal evening is Tuesday, but additional rehearsals are also held on Thursdays. There is usually one Sunday rehearsal.

Please return this form to: Mrs Margaret Dinmore  
40 Haymoor  
Letchworth Garden City  
Herts  
SG6 4HT



Members of  
The National Operatic and  
Dramatic Association

Registered Charity No: 266299