

## Application Form

Please complete this form and hand it in to the Box Office at the Music Hall or the Old Market Hall or mail to:  
*Friends of Theatre Severn c/o The Box Office, Shrewsbury Music Hall, The Square, Shrewsbury, Shropshire, SY1 1LH.*

### Your Details

Title: ..... First Name: .....

Surname: .....

Address: .....

.....

.....

Postcode: .....

Name of Second Applicant if Joint Friends or Joint Premium Friends:

.....

Telephone: .....

Email: .....

Date of Birth: .....

### Contribution Level

- Friend - £25
- Joint Friend - £40
- Premium Friend £150
- Premium Joint Friend - £250

As a Premium Friend or Joint Premium Friend I would like to be credited on the theatresevern website as:

.....

### If you would like to give a gift membership please call the Box Office.

Please send me information on the following ways to support theatresevern:

- Buy a Seat
- Leaving a legacy to Theatre Severn
- Corporate Sponsorship Opportunities
- Production support

### Payment

- I enclose a cheque made payable to theatresevern
- Please charge my Mastercard/Visa/Maestro (Delete as applicable)

Card Number: .....

Start Date: ..... Expiry Date: .....

Issue No. (Maestro cards only): ..... Security Number (Last three digits on the reverse of your card): .....

Name as it appears on card: .....

Signature: .....