

MEMBERSHIP FORM

Name:	Preferred method of payment: Cheque <input type="checkbox"/> Standing order <input type="checkbox"/> Credit Card <input type="checkbox"/>
Address:	I enclose a cheque made payable to Crash Ensemble for a total of €_____
Tel:	Please debit my Visa/Mastercard/Laser a total of €- _____
Email:	Credit Card Details: Card Number: _____
I would like to become a:	Expiry date (MM/YYYY): __/____
<input type="checkbox"/> Student Friend €40+	Security Code (last 3 digits on back of card): _____
<input type="checkbox"/> Friend €100+	Signature of Cardholder: _____
<input type="checkbox"/> Double Friends €150+ (Joint membership)	Name of Cardholder: _____
<input type="checkbox"/> Fabulous Friend €250+	Address of Cardholder if different: _____ _____ _____ _____
<input type="checkbox"/> Fanatical Friend €600+	
<input type="checkbox"/> Firebrand Friend €1500+	
<input type="checkbox"/> Corporate Friend Please phone us, or allow us to phone you to discuss potential partnerships. Tel: _____	Payments by direct debit can also be arranged. Please phone Crash Ensemble at 01 8586645 to set this up.
Would you like to receive email or postal updates about Crash Ensemble news? Yes__ No__ Preferred method of contact: Email ____ Post ____	Crash Ensemble Ltd is a registered charity: CHY 17789. Contact us: O'Reilly Theatre, 6 Great Denmark Street, Dublin 1. Tel: 01 8586645 Email: info@crashensemble.com www.crashensemble.com

**CRASH
ENSEMBLE**