**Membership Application Form**

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| --- | --- | --- |
| Name |  | |
| Address |  | |
|  | |
|  | |
| Date of Birth |  | |
| Gender | Male | Female |
| Telephone No |  | |
| Email address |  | |

**Medical information** **– must be completed accurately.**

**Any medical conditions (e.g. Asthma etc**) ……………………………………………………………………….......................................

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**Any allergies** …………………………………………………………………………………….…………………..................................................................................................................................................................................................................................................................................................

**Any medication (include inhalers**

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**Anything else you need to tell us e.g special needs ,behavioural issues etc**

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Please describe briefly why you would like to join/rejoin Blaenau Gwent Young Stars Musical Theatre Company

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