



## ESPA YOUTH (YESPA) MEMBERSHIP APPLICATION

I would like to apply for membership of ESPA (Charity No. 1122724) Youth section called **YESPA** for the 2020 season (ending 31<sup>st</sup> Dec 2020). I agree to abide by the rules of ESPA, to the charity keeping the data shown below for administrative purposes and that photographs and film footage of my activities may be used for ESPA and YESPA publicity purposes.

I am aware that basic membership costs £10 for the year, or £15 for those 18+ who have left secondary education and intend to perform with ESPA adults as well. This provides me with Public Liability Insurance cover, regular mailings from ESPA about up and coming performing opportunities and invitations to all ESPA & YESPA auditions, workshops and social events.

Member's First Name : .....Surname: .....

Address: .....

Post code: .....

Home Telephone No: .....School/College:.....

Member's Mobile (if 16+):.....Email:.....

D.O.B: ..... Age (6/8/2020) .....

### IF MEMBER IS UNDER 18 YEARS:

Parent / Guardian's Name(s): .....

Parent Guardian's Email: .....

Parent / Guardian's Mobile: .....

Payment for Basic Membership - £10 or £15 (if 18 yrs+) (Cheques payable to **ESPA**)

Send to: YESPA, 23 Woodfield Close, Redhill RH1 2DL

BACS PAYMENTS TO: ESPA; SORT CODE: 40-52-40; ACCOUNT NUMBER: 00025260

My Gift Aid form is / is not (delete as applicable) attached. If you are able to, please complete a Gift Aid declaration form that ESPA can claim Gift Aid on for your child's subscriptions to the charity. This applies either to a tax paying member OR a tax paying parent/guardian paying for a non-tax paying member.

SIGNED..... DATE.....

(Youth Member or Parent / Guardian if member is under 18 yrs old)

Enquiries: Please email the YESOS Team - [hello@yespa.co.uk](mailto:hello@yespa.co.uk)