



# SHINE THEATRE TRUST

## 100 Club Membership Form

Name.....

Address.....

.....

.....

Postcode.....

Tel.Number(s).....

E Mail Address.....

1st. Choice of number

2nd. Choice of number

Or

I would like a number chosen on my behalf.

I agree to be a member of Shine Theatre Trust 100 club and enclose:

- cash/cheque made payable to Shine Theatre Trust for £24.
- completed standing order form. (Please delete as applicable).

I understand this secures my number for 1 year from the date of the first draw following my membership and that my number will be entered into each monthly draw. **The prize each month is £50.00\***

\* Registered with Mid Sussex District Council in accordance with the Gambling Act 2005.

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

Please return completed form and subscription to:

Shine Theatre Trust (100 Club Secretary). Registered Charity no. 1104734.

134 High Street, Hurstpierpoint, West Sussex BN6 9PX

**NB. Members must be over 16.**

[www.shinetheatretrust.org](http://www.shinetheatretrust.org)