

MTR STUDIO 23 Organisation Membership Form

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|-----------------|---|
| Member 1 | NAME DOB EMAIL TEL MALE/FEMALE |
| Member 2 | NAME DOB EMAIL TEL MALE/FEMALE |
| Member 3 | NAME DOB EMAIL TEL MALE/FEMALE |
| Name of | |

| | |
|---|--|
| Organisation: | |
| Organisation Address: | |
| Telephone: | |
| Website: | |
| How did you hear about us: | |
| DO ANY OF THE ABOVE MEMBERS HAVE A DISABILITY WE CAN CATER FOR? IF SO HOW: | |
| | |
| PLEASE SUPPLY A SHORT DESCRIPTION ABOUT YOUR ORGANISATION: | |
| | |

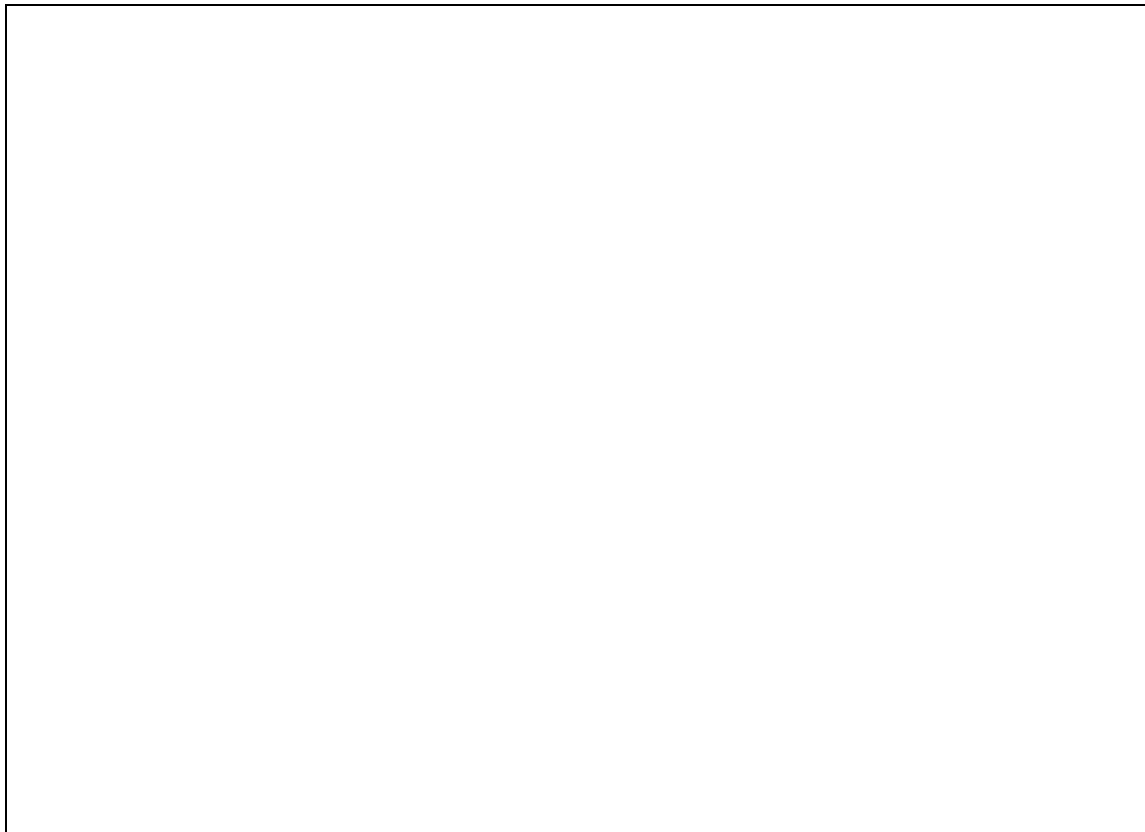
Data on this form will be kept on a computer database. This will be treated as confidential and protected under the council's data act.

Some of this information may be kept on a computer database. From time to time we may send you information on things that might interest you.

Please tick this box if you do not want to receive any information from us in the future.

Please tick this box if you do not want to receive any text messages from us in the future.

Please use the space below to make any comments



Mouth That Roars Ground Floor 23 Charlotte Road London EC2A 3PB
tel:020 7729 2323 f:020 7729 2381
www.mouththatroars.com
mouththatroars@btconnect.com