

Application for Membership

(Please print clearly. Acceptance into membership is subject to Board approval.)

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____ City: _____ Zip: _____

Primary Phone: () _____ ☐ Cell ☐ Home ☐ Work Calls permitted until: _____ p.m.

Secondary Phone: () _____ ☐ Cell ☐ Home ☐ Work ☐ Use for emergency only

Email Address: _____

Birth Date-Month and Day Only: _____ If applying for Student Membership add year of birth: _____

Use of Personal Information: In applying for membership in the Players Guild of Dearborn, you agree to allow the Guild to use the information you have provided here in our Membership Directory. The Membership Directory is for the exclusive use of Guild members for purposes of contacting other Members. In addition, you agree to allow the Guild to use your image and name for publicity and archival purposes in various forms of media. Only the images and not the names will be used for publicity involving Guild participants under the age of 18. Any questions or concerns should be directed to the attention of the Membership Governor.

The Players Guild relies entirely on its Members to do all of the activities needed to produce quality shows and keep the Guild running smoothly. All Members are welcome and encouraged to participate. Please indicate below the Committees you are interested in participating.

<input checked="" type="checkbox"/>	COMMITTEE NAME	<input checked="" type="checkbox"/>	COMMITTEE NAME	<input checked="" type="checkbox"/>	COMMITTEE NAME
<input type="checkbox"/>	Building Maintenance	<input type="checkbox"/>	Makeup/Hair	<input type="checkbox"/>	Script
<input type="checkbox"/>	Casting	<input type="checkbox"/>	Membership/Ushers	<input type="checkbox"/>	Stage/Set Building
<input type="checkbox"/>	Costumes	<input type="checkbox"/>	PR/Marketing	<input type="checkbox"/>	Tickets
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Production	<input type="checkbox"/>	Ways & Means/Fundraising
<input type="checkbox"/>	House/Hospitality	<input type="checkbox"/>	Programs/Advertising	<input type="checkbox"/>	Website Management
<input type="checkbox"/>	Lights/Sound	<input type="checkbox"/>	Properties	<input type="checkbox"/>	

Dues

Please indicate the type of Membership you are applying for. **Active Members** are required to participate in one Production and one Non-Production activity each year. **Associate Members** do not have a participation requirement. **Student Members** must be enrolled in school or university full-time and provide the name of the educational institution in which you are enrolled. **Children under the age of 18** must have a parent or legal guardian become an Active or Associate Member in order to participate in Guild activities.

<p>Please check one:</p> <p><input type="checkbox"/> Active-\$40.00 <input type="checkbox"/> Associate-\$50.00 <input type="checkbox"/> Student-\$25.00</p> <p><i>(For new members, rates are halved when joining between January & May.)</i></p> <p>College/University: <i>(if applicable)</i> _____</p> <p>Membership Dues: _____</p> <p>Initiation Fee: + \$10.00</p> <p>TOTAL: _____</p>	<p>Payment Options (Please check one)</p> <p><input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Am.Express <input type="checkbox"/> Discover <input type="checkbox"/> Check</p> <p>Card Number: _____ - _____ - _____ - _____</p> <p>Expiration Date (mm/yyyy): _____</p> <p>Name As It Appears on Card: _____</p> <p>Signature: _____</p> <p>Make checks payable to: <i>Players Guild of Dearborn</i></p>
---	---

Through my membership in The Players Guild of Dearborn, I agree to promote & foster community interest in drama in all of its forms. Further, I commit to fulfilling my obligations as a Member, as specified by the Bylaws of the Players Guild of Dearborn.

Signature: _____ Date: _____

Please return completed application to: Membership Governor, P.O. Box 2617, Dearborn, MI 48123-2617
(313) 561- TKTS (8587) · playersguildofdearborn.org