

2015-16 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 Wor	k Ca	ills permitted until: p.m.	
Secondary Phone: ()			Cell Home Wor	·k	Use for emergency only		
Ema	il Address:						
Birth	Date-Month and Day Only:		If applying	for Student Membersh	nip ac	dd year of birth:	
infor mem publi Guild The I runn	mation you have provided here in o bers for purposes of contacting othe city and archival purposes in various participants under the age of 18. An Players Guild relies entirely on its M	ur Me er Men forms y quest ember	mbership Direnbers. In add of media. On tions or conces to do all of	ectory. The Membership ition, you agree to allow ly the images and not the rns should be directed to the activities needed to	Dire the the nar the a	you agree to allow the Guild to use the ctory is for the exclusive use of Guild Guild to use your image and name for mes will be used for publicity involving ttention of the Membership Governor. uce quality shows and keep the Guild dicate below the Committees you are	
	COMMITTEE NAME		CON	MITTEE NAME		COMMITTEE NAME	
	Building Maintenance		Makeup/Hai	r		Script	
	Casting		Membership/Ushers			Stage/Set Building	
	Costumes		PR/Marketing			Tickets	
	Finance		Production			Ways & Means/Fundraising	
	House/Hospitality		Programs/Advertising			Website Management	
	Lights/Sound	Properties					
				Dues			
one l enro	Non-Production activity each year. A led in school or university full-time at the age of 18 must have a parent dities.	ssociated and pro	te Members of ovide the nam	lo not have a participation of the educational instance on Active or Associ	n req titutio ate N	d to participate in one Production and purement. Student Members must be in in which you are enrolled. Children dember in order to participate in Guild	
Please check one:				Payment Options (Please check one)			
Active-\$40.00 Associate-\$50.00 Student-\$25.00				☐ Master Card ☐ Visa ☐ Am.Express ☐ Discover ☐ Check			
(For new members, rates are halved when joining between January & May.)				Card Number:			
College/University: (if applicable)				Expiration Date (mm/yyyy):			
Membership Dues:				Name As It Appears on Card:			
Initiation Fee: + \$10.00			Appears on Card.				
initiation ree: ' 710.00			Signature:				
TOTAL:				Make checks payable to: Players Guild of Dearborn			
	ugh my membership in The Players (s. Further, I commit to fulfilling my ol	-				mmunity interest in drama in all of its of the Players Guild of Dearborn.	
Signature:					_	Date:	