



FREEPORT PLAYERS' GUILD

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Home Phone:

Office Phone:

Cell Phone:

Current address:

P.O. Box:

Email Address:

FORM OF MEMBERSHIP

Junior:	\$15.00	<input type="checkbox"/>
Member Single:	\$25.00	<input type="checkbox"/>
Member Couple:	\$50.00	<input type="checkbox"/>
Family:	\$100.00	<input type="checkbox"/>
Patron:	\$50.00	<input type="checkbox"/>
Life Time Member:	\$500.00	<input type="checkbox"/>
Life Time Patron:	\$1,000.00	<input type="checkbox"/>

MEMBERSHIP PREFERENCES

Do you have any previous theatrical experience?

Would you be willing to volunteer for Bar, Front of House, technical or other duties? Please specify.

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name

Name

Name

Name

SIGNATURES

We the Proposer and Secunder below confirm that we are paid up members of the Freeport Players Guild and that the Applicant named below is known to us.

Proposer Signature:

Name:

Secunder Signature:

Name:

Signature of applicant:

Date:

Signature of spouse

Date: