



Application for Membership

(Must be 18 years or older)

Name: _____ Date: _____

Home Address: _____

City, State, Zip Code: _____

Phone (best number to be reached): _____

Email Address: _____

SELECT THE AREA(S) YOU WOULD LIKE TO PARTICIPATE:

Please Note: Training is available in many of these areas if you are interested but lack experience

- | | | |
|---|---|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Props | <input type="checkbox"/> Selling Refreshments |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Lighting Design | <input type="checkbox"/> Spotlight Operator |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting Board | <input type="checkbox"/> Flys/Rail System |
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> Art work | <input type="checkbox"/> Stage Crew |
| <input type="checkbox"/> Music Director | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Photography | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Costume Design | <input type="checkbox"/> Make Up | |
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Website/Social Media | |
| <input type="checkbox"/> Costume Construction | <input type="checkbox"/> Copy Editing | |

SELECT THE COMMITTEE YOU WOULD LIKE TO PARTICIPATE:

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Playbill | <input type="checkbox"/> Play Selection |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Subscription Drive |
| <input type="checkbox"/> Tickets | <input type="checkbox"/> Grants | |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Scholarship | |

Please list previous theatrical experience* (or attach resume if available):

*Please Note: Previous theatrical experience is not mandatory for membership

ROLE	SHOW	COMPANY	YEAR
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Please list any technical experience (non-acting):

Special skills (e.g., scenic painting):

SPONSORS*:

*Must be signed by two (2) Little Theatre Members in good standing

1) _____ 2) _____

PLEASE RETURN THIS FORM TO THE MEMBERSHIP CHAIR OR ANY LTFR BOARD MEMBER WITH PAYMENT (CHECK OR MONEY ORDER ONLY):

Standard Membership*: \$40.00 includes one-year membership dues plus tickets to all 3 Main Stage productions

Student Membership: \$20.00 includes one-year membership dues plus a ticket to ONE Main Stage production (please attach a copy of the valid student ID)

*Prorated Rates:

\$34.00 if joining after first Main Stage production (includes \$5.00 dues)

\$22.00 if joining after second Main Stage production (includes \$5.00 dues)

FOR STUDENT MEMBERSHIP, PLEASE STATE WHICH SHOW YOU WOULD LIKE A TICKET TO:

Please select which night you would like to receive tickets to our performances (Please select only one)

THURSDAY @ 730 PM FRIDAY @ 730 PM SATURDAY @ 730 PM SUNDAY @ 2 PM