



# MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail needed in order to send you our monthly newsletter "Between Acts"

Birth date: \_\_\_\_\_

Anniversary: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Membership \$10**       Patron *donation* \$75       Angel *donation* \$100

Amount enclosed: \$ \_\_\_\_\_

***Please circle the areas of theater you are interested in.***

- |                   |                  |                  |               |
|-------------------|------------------|------------------|---------------|
| acting            | fundraising      | play reading     | set painting  |
| afterglow help    | grant writing    | producing        | set strike    |
| building maint.   | hair             | properties       | stage mgmt.   |
| cast board        | hospitality      | publicity & ads  | sound control |
| cast refreshments | lighting control | refreshments     | sound design  |
| costuming         | lighting design  | set construction | S.P.Y.D.A.    |
| directing         | makeup           | set design       | tickets       |
| finish artistry   | membership       | set furnishings  | ushering      |

Renew your membership or pass this page along to a non-member today. Pay at theater or mail with payment to:  
**Shoreline Players, P. O. Box 395, Oscoda, MI 48750**