



Membership Application

NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

MAIN PHONE: _____ This is my () HOME, () WORK, () CELL PHONE

ALT. PHONE _____ This is my () HOME, () WORK, () CELL PHONE

EMAIL (PRINT CLEARLY): _____

ARE YOU WILLING TO RECEIVE NEWSLETTERS AND OTHER GUILD CORRESPONDENCE BY EMAIL?

- () YES – I check my email regularly (if you are not already subscribed, checking YES will add you to the online correspondence from SCTG.)
() NO – I would prefer to continue to receive information by postal mail.

MEMBERSHIP: () ADULT - \$15.00 () CHILD - 0-18, HIGH SCHOOL STUDENTS - \$5.00

INTERESTS/Check all that apply:

- | | |
|-----------------------------|-------------------------|
| () Acting/Musicals | () Acting/Non-Musicals |
| () Directing | () Producing |
| () Musical/Vocal Direction | () Stage Management |
| () Choreography | () Board/Committees |
| () Lighting | () Sound |
| () Backstage Crew | () Costumes |
| () Props | () Set Construction |
| () Finance/Budgeting | () Adverting/Marketing |
| () | |

Other: _____

PRIVACY POLICY: The St. Clair Theatre Guild will not share any of your personal information. It will only be used for internal communications and planning.

BY SIGNING BELOW, I ACKNOWLEDGE THAT MY PARTICIPATION in any event sponsored by St. Clair Theatre Guild (Guild) is at my own risk, and I agree to follow all rules and procedures, including safety requirements, established by the Guild while participating. I further understand that the Guild carries only limited personal injury insurance, and that coverage for injuries sustained during Guild sponsored events is not guaranteed by membership. All participants in Guild sponsored events are strongly encouraged to have their own medical and/or injury insurance to cover such situations.

SIGNATURE: _____ DATE: _____