



MEMBERSHIP APPLICATION

NAME _____

MAILING ADDRESS _____

CITY _____ ZIP/POSTAL CODE _____

PHONE _____ This is my CELL HOME WORK phone.

EMAIL _____

WOULD YOU LIKE TO GET NEWSLETTERS AND OTHER GUILD CORRESPONDENCE BY EMAIL?

YES – I check my email regularly. **NO** – Please send me information by postal mail.

WOULD YOU LIKE TO GET GUILD UPDATES AND INFORMATION BY TEXT (if you gave us your cell number)?

YES (*only important updates and reminders are sent by text*)
 NO – Please don't text me.

MEMBERSHIP: **ADULT** (\$15.00) **CHILD** (0-17) (\$5.00)
(NOTE: Dues amounts shown are set by the membership at the Annual Meeting)

INTERESTS: Acting in musicals Acting in non-musicals
(check all that apply) Directing shows Producing shows
 Musical or Vocal Direction Stage Management
 Choreography Serving on the Board or a Committee
 Lighting Sound
 Backstage Crew Costumes
 Props Set Construction
 Finances and Budgeting Advertising and 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.

I acknowledge that my participation in any event sponsored by the 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 my 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 _____

FOR INTERNAL USE DATE PAID _____ STAFF INITIALS _____ CASH CHECK CARD