



PO BOX 1047, BANDON OR 97411
thebandonplayhouse@gmail.com

MEMBERSHIP APPLICATION FORM

- Individual Membership (\$5)
- Family Membership (\$15 for four or more in same household)

Name(s): please indicate minors with (m)	
Mailing address:	
Home Ph:	Cell ph:
Email(s):	
Experience/Interests: <input type="checkbox"/> Acting <input type="checkbox"/> Singing <input type="checkbox"/> Directing <input type="checkbox"/> Stage crew <input type="checkbox"/> Costume/makeup <input type="checkbox"/> Set & Prop building <input type="checkbox"/> Light/Sound Tech <input type="checkbox"/> Front House Other skills (musical instruments, gymnastics, etc):	
Date:	Payment: <input type="checkbox"/> cash <input type="checkbox"/> check # _____
By signing below, I/we understand and agree that membership term is Jan 1 to Dec 31 of each year, that my image may appear on Playhouse websites and media, and I/we will abide by Playhouse and venue rules of conduct at all times.	
Signature(s):	