



BANDON PLAYHOUSE
PO BOX 1047, BANDON, OR 97411
BandonPlayhouse.org

MEMBERSHIP APPLICATION FORM – ADULT

Please Print

Name

Mailing Address (include city, state and zip)

Home Phone

Mobile Phone

Email Address

Opt-In: Check to give us permission to share your email with the Sprague Community Theater.

Experience/Interests: Actor Singer Dancer Director Music Director Instrumentalist
 Stage Manager/Crew Costumes & Makeup Sets & Props Theater Tech Front of House

Other skills (musical instruments, gymnastics, etc.): _____

Annual Dues, Membership term January 1 through December 31 each year

Individual Membership, \$5 Family Membership, \$15 for four or more in same household

I would like to make a donation. Amount \$ _____

Payment:

cash -or- check # _____ Total contribution \$ _____

Family Membership enclosed separately, paid by _____

Agreement

_____ (Initial) Participation: I understand and agree that the membership term is Jan. 1 to Dec. 31 of each year. My name and photographic image may appear on Playhouse digital and print promotional media. I will abide by Playhouse and venue Rules of Conduct. Rules of Conduct at BandonPlayhouse.org/membership.

_____ (Initial) Release of Liability: I hereby release the following from any and all liabilities that that might occur should I become injured while participating in activities sponsored by Bandon Playhouse on any premises: Bandon Playhouse, its volunteers and members of the Board of Directors, host rehearsal or performance venue owners.

_____ (Initial) Permission to Treat: In the event the staff feels that medical treatment beyond their capabilities is necessary, I, the undersigned, hereby authorize the Bandon Playhouse and its volunteers to seek emergency medical attention. I understand that I will be responsible for any charges incurred.

Signature

Date