

Membership Form

Please print clearly.

P.O. Box 511 DeKalb, IL 60115
(815) 758-1940

Office Use Only:

Entered by: _____

Date: _____ Paid: _____



Date _____

Contact Information

Name _____

Street address _____

City _____ State _____ Zip _____

Home phone _____ Cell / Other phone _____

Email address _____

Type of Membership *Please indicate type of membership and payment method.*

Family: \$15 (Must reside at the same address. And/or if a performer is under the age of 18, a family membership must be selected) Names of family members: _____

Individual: \$10

Cash Check (check # _____) Visa / Mastercard: Name on card: _____

If you have a financial hardship, please contact the corresponding secretary.

Card number: _____

Expiration date: _____ CVV security code: _____

Currently in a show (indicate show name): _____

Interests and Skills *Check all that apply.*

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Marketing | <input type="checkbox"/> Set Building |
| <input type="checkbox"/> Backstage Crew | <input type="checkbox"/> Finance/Fundraising | <input type="checkbox"/> Musician | <input type="checkbox"/> Set Design |
| <input type="checkbox"/> Building/Grounds | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Membership | <input type="checkbox"/> Stage Managing |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Hair | <input type="checkbox"/> Photography | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Programs | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Props | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Makeup | <input type="checkbox"/> Publicity | <input type="checkbox"/> Other: _____ |

Mailing Lists *Please add me to the following lists.*

- Auditions Membership I prefer standard mail (if not checked, default is email)
 Newsletter Ticket orders / Season tickets

Emergency Contact Information

Name _____

Street address _____

City _____ State _____ Zip _____

Home phone _____ Cell / Other phone _____