

PEORIA PLAYERS THEATRE

MEMBERSHIP APPLICATION

Check here if this is a renewal

(Please print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Individual Membership (\$10.00) -- 16 years or older

Family Membership (\$20.00)

Extra Donation \$ _____

Date Paid _____

Please circle the areas below in which you or your family may be interested in participating:

Performance: Acting Vocal Dancing Orchestra Pianist

Production Staff: Directing Music Direction Choreography Production Secretary

Production (Tech.): Stage Management Lights Sound Props

Makeup/Hair Design Costumes Dresser

Set Construction Set Decoration Body Mics

Miscellaneous: Fundraising Play Selection

Box Office Hosting/Ushering Board of Directors

Please mail your membership check to:
Peoria Players Theatre
4300 N. University
Peoria, IL 61614