

Clarkston Village Players 2018/2019

Membership Application

Contact Information:

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Mobile Phone: _____
 Email: _____ Birthday (Mo/Day/Yr*) _____
*Yr optional

Membership Type: ___Life ___Active(\$35) ___Associate(\$75) ___Complimentary one year (Youth Theatre)

Note: Active membership requires a combined minimum of 4.5 hours per season assisting with Concessions, housekeeping, and/or work days.

Historical Information:

The year you joined CVP: _____ First play at CVP: _____

Committee Information:

Committee List 2018/19

Select 3 committee choices from the list below
 (rank your choices with "1" being most preferred):

- _____ Advertising
- _____ Building Maintenance/Housekeeping
- _____ Tickets
- _____ Events
- _____ Communications
- _____ Marketing
- _____ Membership
- _____ Newsletter
- _____ Props/Costumes
- _____ Publicity
- _____ Script Selection
- _____ Farmer's Market Booth

Other Help Needed

You may Learn with an experienced member or offer your own skills as a Mentor. Indicate if you wish to Learn (L) or Mentor (M) for the areas listed below.

- _____ Stage Manage
- _____ Direct
- _____ Produce
- _____ Sound/Light
- _____ Costumes/Props
- _____ Set Design
- _____ Set Construction
- _____ Other (describe below)

Consent Release for use of Photographs/Video: I hereby assign and grant to Clarkston Village Players (CVP), the right and permission to use, publish and reproduce any quotes/photographs/video/electronic representations and/or sound recordings made of me in any advertising, promotion, communications, or historical archive. I specifically waive any right to any compensation I may have for any of the foregoing and I hereby release CVP from any and all liability arising from such use and publications.

Signature: _____ Date: _____

Please do not tag images with my name online (Facebook, Twitter, CVP website, etc.)

Membership is through August 31, 2019.

Please fill out this application **completely** and return along with your dues to:

Membership
Clarkston Village Players
4861 White Lake Road
Clarkston, MI 48346-2556

Office use only	
DT	
AMT	
IT#	
BNK	
TYS	

Or Email completed form to kmcclella@yahoo.com with Subject: Membership

For questions, please email Karen McClellan, Membership Chair, kmcclella@yahoo.com or call (248)462-3074.