Clarkston Village Players 2024/2025

Membership Application

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information:** | | | | | | | |
| Name: |  | | | | | Home Phone: |  |
| Address: |  | | | | | Work Phone: |  |
| City: |  | State: |  | Zip: |  | Mobile Phone: |  |
| Email: |  | | | | Birthday (Mo/Day/Yr\*) \*Yr optional | |  |
|  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please select membership type:** |  | Active member ($35) |  | Associate member ($75) |
| 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 2024/2025** | | | | | **Other Help Needed** | | |
| *Select 3 committee choices from the list below  (rank your choices with “1” being most preferred):* | | | | | *You may Learn with an experienced member or offer your own skills as a Mentor. Indicate if you wish to* ***L****earn (****L****) or* ***M****entor (****M****) for the areas listed below.* | | |
|  | Advertising | | | Stage Manage | |  |
|  | Building Maintenance/Housekeeping | | | Direct | |  |
|  | Tickets | | | Produce | |  |
|  | Events | | | Sound/Light | |  |
|  | Communications | | | Costumes/Props | |  |
|  | Marketing | | | Set Design | |  |
|  | Membership | | | Set Construction | |  |
|  | Newsletter | | | Other (describe below) | |  |
|  | Props/Costumes | | |  | | |
|  | Publicity | | |  | |  |
|  | Script Selection | | |  | |  |
|  | Farmer’s Market Booth | | |  | |  |

**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.)

|  |  |
| --- | --- |
| Office use only | |
| DT |  |
| AMT |  |
| IT# |  |
| BNK |  |
| TYS |  |

Membership is through September 15, 2024.

**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**

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.*