Clarkston Village Players 2024/2025

Membership Application

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

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| **Historical Information:** |
| The year you joined CVP: |       | First play at CVP: |       |
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| **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.)

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| 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.*