

Harlequins

Sandusky Community Theatre

Application for Membership

Name _____ Application Date _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Membership Dues \$10 _____ New _____ Renewal _____

Please indicate below any theatre activities in which you'd like to participate

Acting _____	Choreography _____	Ushering _____
Asst Directing _____	Props _____	Ticket Desk _____
Stage Managing _____	Set Construction _____	Reservations _____
Costumes _____	Painting _____	Publicity _____

Other _____

Please return this application with your membership dues to
Harlequins Sandusky Community Theatre/Membership
P.O. Box 1582
Sandusky, Ohio 44871

Please do not write in the space below

Date of approval _____ Dues paid _____

Mentor assigned (New members only) _____