



Playcrafters Membership Form

- Make check/money order payable to **Playcrafters Inc.**
- Mail form and payment to:

The Playcrafters, Inc Phone: **610-584-4005**

PO Box 1508

E-mail: contactus@playcrafters.org

Skippack, PA 19474

The first member of each household is \$15.00. Additional members at the same address are \$10.00 each.

Household Name _____ Phone _____ Date _____

Address _____

City _____ State _____ Zip+4 _____ - _____

Please specify below the name, e-mail address, home phone (if different), and work phone of each member of the household. Also, please let us know which aspects of our theater each member has interest in (check as many as apply, include any comments alongside checkbox). If you need to specify more than three members, please use an additional sheet. Thanks.

	Member 1	Member 2	Member 3
Name			
E-mail Address			
Home Phone			
Work Phone			
Interests:			
Stage Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makeup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Props	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set Decoration/Artwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Producer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (not listed above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Amount Due: First member of household	\$15.00
Number of additional members in household _____ x \$10.00	_____
Total	\$ _____

☐ For renewing members, check here if your address, phone number, or e-mail address has changed.

☐ Check here and add \$1.00 to your membership fee if you'd like to contribute to the Bill Moyer Memorial Award Fund. The Bill Moyer Memorial Award Fund was established in the name of one of the founding members of Playcrafters. Each year, an award is given to a deserving high school student who wishes to pursue a career in the arts.

Member since _____

MEMBERS - Please include a line or two below about yourself so that we may get to know you better, and so that we can officially greet new members in *The Playcrafter Post* newsletter. For returning Playcrafters, let me know how long you've been a member and anything new about yourself that you might like mentioned in the Post. You could just be the subject of the next "Spotlight"!

Please specify below the name, e-mail address, home phone (if different), and work phone of each member of the household. Also, please let us know which aspects of our theater each member has interest in (check as many as apply, include any comments alongside checkbox). If you need to specify more than three members, please use an additional sheet. Thanks.

	Member 4	Member 5	Member 6
Name			
E-mail Address			
Home Phone			
Work Phone			
Interests:			
Stage Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makeup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Props	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Box Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Producer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (not listed above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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