



Membership Form

Personal Information

Name _____ Date _____

Mailing Address _____

City _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____

Annual membership dues \$20.00 (your membership contributions are tax deductible).
 Make check payable to Placer Community Theater.

If you are interested in participating in one of our productions, please complete the following:

Age _____ Sex: M F Height _____ Hair Color _____

Previous Theater Experience

| Date/ Year | Play/Show Name | Role Played/ Tech Position Held | Organization/School |
|---------------|----------------|------------------------------------|---------------------|
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Other areas of interest: Backstage Tech/Stage Manager _____
 Lighting/Sound _____
 Make-Up/Costuming _____
 Tickets/Refreshments _____
 Advertising _____

Thank You for Supporting Community Theater in Auburn!