



Starlight Community Theater

Phone (623) 566-7991

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www.StarlightCommunityTheater.org

MEMBERSHIP APPLICATION

Date	(Please Print) Last Name			
List all family members. Please include ages of children				
Street Address				
Address Line 2				
City, ST, ZIP				
Hm Phone		Work Phone		
Cell Phone		Email		
Mark 'A' for Adult, 'T' for Teen and 'C' for Child for interests.				
Acting _____	Singing _____	Dancing _____	Directing _____	Producing _____
Fundraising _____	Ticket Capt _____	Media Contact _____	Advertising _____	Circulation _____
Stage Mgr _____	Stage Crew _____	Set Build _____	House (FR) _____	House (BK) _____
Back Stage Supervisor _____		Props _____	Hair _____	Make up _____
Other:				
You or anyone else Interested in becoming a Donor or Sponsor?				
If Yes, In what capacity?				
Experience: Write on back if more or attach Resume				
Annual Dues: \$20 per family - Please make check payable to Starlight Community Theater or pay though Paypal at our site www.StarlightCommunityTheater.org/Members				