



MEMBERSHIP FORM

As a member of the organization you will receive: one transferable ticket to each production, audition notices, organization news, and invitations to organization sponsored social events. Membership dues are **\$25.00**. To initiate membership status for the current season please forward dues payment and indicate change of address if applicable. Checks may be made payable to: **The Dramateurs, Inc.** Mail form and payment to:

ATTN: Membership Chair
The Dramateurs, Inc. • P.O. Box 274 • Eagleville, PA 19408

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

e-mail: _____

Payment: check # _____ date: _____ amount: _____

Please indicate items that apply:

- renewal of membership
- new member
- change of address
- I would like to receive a copy of the organization's By-Laws.



I would like to receive more information about the following activities:

- | | |
|---|---|
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Make-up |
| <input type="checkbox"/> Education | <input type="checkbox"/> Props |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> House (ushers/concessions) | <input type="checkbox"/> Set Construction |
| <input type="checkbox"/> Light & Sound | <input type="checkbox"/> Set Painting |
| | <input type="checkbox"/> Stage Crew |

2009 SEASON