

Coach House Players, Inc.
APPLICATION FOR ACTIVE MEMBERSHIP

Name: _____ Phone: _____ Date: _____

Address: _____

E-mail address: _____

I AM INTERESTED IN: (Number at least three giving 1st, 2nd and 3rd choices)

___ Directing ___ Costuming ___ Acting ___ Scenery ___ Lighting

___ Make-up ___ Sound ___ Choreography ___ Musician ___ Props

___ Publicity Other (please specify): _____

Experience (none is required, but if you have any; please tell us about it):

Sponsored by: _____

This application together with your first year's Dues must be submitted to the Membership Secretary for approval. To be considered for full membership, you must work on two productions within four consecutive plays following this application. Notify the Membership Secretary as you fulfill your obligation.

_____ **DO NOT WRITE BELOW THIS LINE** _____

Accepted: _____ Accepted by: _____ Dues paid: _____

Notification of acceptance: _____

Work Record: _____

=====

RECEIPT Dated: _____ \$ _____ annual dues

Received by: _____
Coach House Players, Inc.

Mail completed application along with your \$10 annual dues to:
Barbara Surowitz, Membership Secretary, 651 Zena Highwoods Road, Kingston, NY 12401