

**Coach House Players, Inc.**  
**APPLICATION FOR ACTIVE MEMBERSHIP**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**I AM INTERESTED IN:** (Number at least three giving 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 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