



Yellow Point Drama Group

MEMBERSHIP APPLICATION

Name:

Email:

Phone:

Street:

City:

Postal Code:

Date of Payment:

\$10 Cash or Cheque Payable to: Yellow Point Drama Group

I would like to volunteer and am interested in the following areas:

- | | | |
|--|---|--|
| <input type="checkbox"/> Actor | <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Assistant Producer |
| <input type="checkbox"/> Assistant Stage Manager | <input type="checkbox"/> Back Stage | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Box Office | <input type="checkbox"/> Concession | <input type="checkbox"/> Director |
| <input type="checkbox"/> Front of House | <input type="checkbox"/> Hair | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Lighting Design | <input type="checkbox"/> Makeup | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Photographer | <input type="checkbox"/> Play Reading |
| <input type="checkbox"/> Producer | <input type="checkbox"/> Props | <input type="checkbox"/> Reservation Desk |
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Set Design | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Sound Design | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Theatre Maintenance |

I do not wish to volunteer at this time

Additional Information: [i.e. Experience, training, special skills, etc.]

By becoming a member, I give the YPDG permission to contact me by both email and/or phone.

Initial: _____

I grant permission to the YPDG to use my name and/or picture online on both social media sites and the YPDG website and/or in YPDG related publications. Yes No

Signature: _____

If you have any questions, please contact us. We would love to hear from you!

Ways to send in your application and payment in are on our website

Email: yellowpointdramagroup@shaw.ca

Website: www.yellowpointdramagroup.org/