

2024- 2025 MEMBERSHIP APPLICATION

Yearly dues \$20 SINGLE / \$30 FAMILY*



**stage west
playhouse**

NAME _____

ADDRESS _____

CELL PHONE _____

HOME PHONE _____

E-MAIL _____

BIRTHDATE (MM/DD) _____

8390 Forest Oaks Blvd., Spring Hill, FL 34606
352-683-5113

WWW.STAGEWESTPLAYHOUSE.ORG

MEMBERSHIP STATUS:

ACTIVE _____ EMERITUS _____ JUNIOR _____ (17 & under)

GENERAL _____ (Any member who has not fulfilled the membership requirements for the previous year will fall into this category)

DATE of APPLICATION _____

PAYMENT: Cash _____ Check (# & date) _____

AREAS OF INTEREST

Place an "X" in all areas that you are interested in and a "T" in those areas that you would like training.

PRODUCTION: ACTING _____
SET DÉCOR/PROPS _____
HAIR/MAKE-UP _____
STAGEHAND _____
STAGE MANAGING _____
CHOREOGRAPHY _____
DIRECTING _____
PRODUCTION COORD _____

TECHNICAL: SET CONSTRUCTION _____
SET PAINTING _____
SET DESIGN _____
LIGHTS/SOUND _____
SEWING _____

HOSPITALITY: CONCESSIONS/CANTINA _____
LOBBY USHER _____
TICKET TAKER _____
50/50 TABLE _____
HOUSE MANAGER _____

MEMBERSHIP: SIGN-IN _____ (General Meetings)
TELEPHONE COMMITTEE _____
SUNSHINE COMMITTEE _____

MARKETING: PUBLICITY _____
FUND RAISING _____
AD/SPONSOR SALES _____
PHOTOGRAPHY _____

OTHER COMMITTEES AVAILABLE:
HAMI CELEBRATION _____
SCHOLARSHIPS _____
PLAY READING _____
NOMINATING _____
BY-LAWS _____
HISTORIAN _____
BOX OFFICE _____
AUDIT _____

Membership meetings are held at the theater the 2nd Wednesday of EVERY month (starting in June) at 7:30 pm. After you submit your membership form, please meet with the Membership Chairperson to receive your card and submit your dues. You will not become an Active Member until your dues are received, recorded and all other requirements (as stated in the By-Laws) are fulfilled. Each member is required to volunteer a minimum number of hours each year, as set forth by the Board of Directors, as well as attend a minimum of six (6) Membership meetings each year to be eligible to vote or hold a position on the Board of Directors.

- I HEREBY STATE THAT I HAVE READ THE FOREGOING AND AGREE TO THE TERMS OF MEMBERSHIP AS STATED HEREIN, AS WELL AS TO THE BY-LAWS, ARTICLES OF INCORPORATION, AND THE POLICIES OF STAGE WEST.
- I UNDERSTAND THAT FAILURE TO MEET MEMBERSHIP REQUIREMENTS WILL FORFEIT MY VOTING RIGHTS AS A MEMBER.

SIGNATURE: _____

*Anyone needing financial assistance may contact any board member to submit a request. A "Family" is defined as the adults and their children age 17 and younger living in the same household.