



www.SBYplayers.org

# Community Players of Salisbury

Remit Form and Payment to:  
 Community Players  
 P.O. Box 2431  
 Salisbury, MD 21802

## MEMBERSHIP APPLICATION

Membership Tier: Select One (Valid September 1, 2018 - August 31, 2019)

<u>Mezzanine</u>	<u>Orchestra</u>	<u>Center Stage</u>
<input type="checkbox"/> \$10 Individual	<input type="checkbox"/> \$25 Individual <input type="checkbox"/> \$35 Family*	<input type="checkbox"/> \$50 Individual <input type="checkbox"/> \$60 Family*
Membership Card	Membership Card	Membership Card
Newsletter	Newsletter	Newsletter
Email Blast	Email Blast	Email Blast
	Gift	Gift
	Players Night – Fall Musical Only**	Players Night – All Shows**
		Free Admission to workshops/classes
		10% off Players Merchandise

\*Family memberships are good for 2 adults and all children under the age of 18 living in the same home. All family members, including children, must be registered and will receive a membership card

\*\*Members must present membership card at Players Night to be admitted

### Membership Information: Fill out (Address where Membership Card will be sent)

First Name:		Last Name:	
Home Address:			
City:	State:	Zip Code:	
Phone:		E-mail Address:	
Family Member Names (Family Memberships ONLY):			

### Interests (Circle All That Apply):

Performance	Lighting	Props	Advertising/Publicity	Stage Crew	Box Office
Hair	Make-Up	Set Construction	Painting	Costumes	Marketing
Design	Directing	Membership	Sound	Ushering	Maintenance
Other (Specify):					

I am paying for 2 Years (September 1, 2018 - August 31, 2020)

Questions? Email us at: [membership@cposmd.com](mailto:membership@cposmd.com)