

# Theatre Cambrian Membership form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address (1) \_\_\_\_\_

Phone (H): \_\_\_\_\_

Address (2): \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Age (if under 18): \_\_\_\_\_

I am aware that my contact info. will be shared with Theatre Cambrian staff & committee heads (please initial) \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

As a member of Theatre Cambrian, I agree to abide by the Constitution and Code of Conduct of Theatre Cambrian, a copy of which is available upon request.

\_\_\_\_\_ I would like to purchase one membership (\$10)

I would like to donate:

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$100    \_\_\_\_\_ \$200    \_\_\_\_\_ \$250    \_\_\_\_\_ \$300    \_\_\_\_\_ \$350    \_\_\_\_\_ \$400    \_\_\_\_\_ \$450    \_\_\_\_\_ \$500

\_\_\_\_\_ Other      Payment information (you will receive a charitable tax receipt for donations over \$10):

\_\_\_\_\_ I would like to donate \$\_\_\_\_\_ over \_\_\_\_\_ months

\_\_\_\_\_ I have enclosed a cheque made payable to Theatre Cambrian

\_\_\_\_\_ Please charge my VISA or MasterCard

Card No.: \_\_\_\_\_ Exp: \_\_\_\_\_

\_\_\_\_\_ I would be interested in doing the following as a volunteer with Theatre Cambrian

\_\_\_ Set Construction    \_\_\_ Set Painting    \_\_\_ Costumes/Sewing    \_\_\_ Publicity    \_\_\_ Front of House    \_\_\_ Hang Posters

\_\_\_ Stage Management/  
Backstage Work    \_\_\_ Props Building`    \_\_\_ Fundraising    \_\_\_ Charity Bingo    \_\_\_ Answer Phones    \_\_\_ Technical

\_\_\_ Office Work    \_\_\_ Bartenders (I am smart Serve Certified \_\_\_ Yes \_\_\_ No)    \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ I do not wish to volunteer at this time with Theatre Cambrian

**Please return completed form to:**

Theatre Cambrian . 40 Eyre Street . Sudbury, Ontario . P3C 4A5

**Fax to:** 705-673-7317

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office Use Only

Membership Paid: \_\_\_\_\_

Payment Date \_\_\_\_\_

Card Issued: \_\_\_\_\_

Received by: \_\_\_\_\_