MEMBERSHIP APPLICATION

ORPHEUS MUSICAL THEATRE SOCIETY
17 FAIRMONT AVENUE, OTTAWA K1Y 1X4
info@orpheus-theatre.ca / www.orpheus-theatre.ca

NAME (Please Print): _____

ADDRESS: _____
(Number and Street)

_____
(City, Province and POSTAL CODE)

TELEPHONE: _____ (HOME) _____ (WORK) _____ (CELL)

E-MAIL ADDRESS: _____

SIGNATURE (required): _____ Date: _____

☐ Please do not publish my name, address and phone number in the Orpheus Membership Directory*.

AREAS OF ORPHEUS ACTIVITY IN WHICH YOU ARE INTERESTED:

__ ADMINISTRATION: __ Board of Directors __ Board of Trustees __ Committees

__ANGELS __COSTUMES __DESIGNING __DIRECTING

__FACILITIES __FINANCE __FUNDRAISING __HAIR

__HOSPITALITY __MAKEUP __NEWSLETTER __PERFORMING

__PROGRAM __PROPERTIES __PUBLICITY/PR __SET CONSTRUCTION

__SET PAINTING __STAGE CREW __OTHER (SPECIFY)

Orpheus is a Society of volunteers and we need YOUR help.
Please donate your time to some area(s) of production for at least one show per season.

NEW MEMBER ___ RENEWAL ___

AGE (if under 18): _____ **PARENT/GUARDIAN SIGNATURE (required):**_____

ATTACHED IS MY/OUR MEMBERSHIP FEE(S) OF $_____ @ **$30** PER PERSON for **one** year

OR $_____ @ **$50** PER PERSON for **two** years

Please make cheques payable to **Orpheus Musical Theatre Society**.

No Membership information is ever shared with anyone outside of the membership.

OFFICE USE ONLY:		CASH: ___ CHEQUE: ___
PASSED BY BOARD OF DIRECTORS: _____	COMPUTER UPDATED: _____	MEMBERSHIP BOOK NOTED_____