

Membership Form Ocean Pines Players 2019

Name _____

Address: _____ City/State:

_____ Zip: _____

Preferred Phone Number: _____ Cell Number Home Work

Email Address:

Interested in helping with PERFORMANCE (check ALL that apply):

ACTING	Yes___	No___	SINGING	Yes___	No___
DIRECTING	Yes___	No___	LIGHTS	Yes___	No___
SOUND	Yes___	No___	COSTUMES	Yes___	No___
SET DESIGN	Yes___	No___	BUILD	Yes___	No___
MAKEUP	Yes___	No___	HAIR	Yes___	No___
PROPS	Yes___	No___	STAGE MGT	Yes___	No___
STAGE CREW	Yes___	No___	PAINTING	Yes___	No___
PRODUCING	Yes___	No___			

Interested in helping with BUSINESS SUPPORT (check ALL that apply):

MEMBERSHIP	Yes___	No___	MARKETING	Yes___	No___
PUBLICITY	Yes___	No___	BOX OFFICE	Yes___	No___
HOSPITALITY	Yes___	No___	SETUP/CLEAN UP	Yes___	No___
USHERING	Yes___	No___	MAINTENANCE	Yes___	No___

If one of your interests is ACTING, please complete the following:

Height: _____ Weight: _____

Build: _____ Hair Color: _____

Age Range _____ Ethnicity: _____

HS & Resume attached: Yes___ No___

Union Affiliations:

AFTRA Yes___ No___ AEA Yes___ No___ SAG Yes___ No___

Annual dues are \$15 for for any full or partial calendar year.

ONLY Members may perform in Ocean Pines Players productions..

Members may attend and contribute to any business meeting held by OPP. There will be an annual meeting of members held for the purpose of electing the Board of Directors. You must be a member to serve on the BOD. Each paid up member will be allowed one vote at this meeting.

Please pay by check made out to OCEAN PINES PLAYERS. If you wish to pay by cash, please attend one of the regularly scheduled meetings and pay the fee directly to the Treasurer. Return this form with your check to: Mary Ellen Chilcoat, Treasurer OPP, 9 Freeport Lane, Ocean Pines MD 21811.