

P.O. Box 2617, Dearborn, MI 48123-2617 · (313) 561- TKTS · playersguildofdearborn.org

2012-2013 Application for Membership

(Please print clearly. Acceptance into membership is subject to Board approval.)

Last Name: First Name	e: M.I.:
Street Address:	
City:	State: Zip Code:
Home Phone: () Work Phone:	() Cell Phone: ()
Email Address:	
Birth Date-Month and Day Only: If applying	for Student Membership add year of birth:
	2-2013 season for historical and publicity purposes in print and/or on ou would like all other photography of yourself/child excluded from
Please exclude me from photographs from all publicity sources Please exclude me/my child from photographs from all publicity	s in Print and/or Internet for the 2012-2013 Season. ty sources in Print and/or Internet for the 2012-2013 Season.
Membershi	ip Definitions
	in one production and one non-production activity per year in order to ship rights including voting and a voice in the management of PGD.
	o participate in a minimum amount of production or non-production possible. "Associate" members have the same benefits of "Active" e any voice in the management of PGD.
carrying a minimum of 12 semester credits in college. "Stude	ages of 18 and 25 and must be a full-time student in high school or ent" members are not required to participate in a minimum amount of n possible. "Student" members have the same benefits as "Active" any voice in the management of PGD.
	arent or legal guardian become an "Active" or "Associate" member in oly for membership as a "Student" as long as matriculation continues or
D	Dues
Please indicate the type of Membership for which you are	Payment Options
applying, then enter and total the amount below. (If applying for Student, you must indicate the school you attend	Please check one: Master Card Visa Check
fulltime.)	Flease check one. Waster cara Visa Check
Please check one:	Card Number:
Active-\$40.00 Associate-\$50.00 Student-\$25.00 (Rates are halved when joining between January and May.)	Expiration Date: CV Code: (back of card)
School: (if applicable)	Name As It
Membership Dues:	Appears on Card:
Initiation Fee: + \$10.00	Signature:
TOTAL:	Make checks payable to: Players Guild of Dearborn

Non-Production Activities Please check any activity in which you would be willing to participate.				
Annual Events	Promotion/Publicity	Lawn Care	Production	
Annual Party	Editing/Proofing	Snow Removal	Programs/Advertising	
Dearborn Homecoming	Writing	Committees	Properties	
DATA Awards	Graphics	Building	Publicity	
Membership Social Event	Contacting Media	Casting	Script	
General	Program Advertising	Computerization	Stage	
Party Planning	Ticket Sales	Costumes	Tickets	
Telephoning	Building	Finances*	Ways & Means	
Fund Raising	Electrical	House/Hospitality	Treasurer (Officer)	
Financial Planning	Carpentry	Lights/Sound	Secretary (Officer)	
Clerical	Painting	Makeup	Other (Specify Below)	
	General Repairs	Membership/Reception		

* - Subject to Board approval

Production Activities Please check any production in which you would be willing to participate.							
Activity	Any	Dracula Sept 2012	Joseph & the A.T.D. Nov-Dec 2012	First Things First Jan 2013	Return Engagements March 2013	A Little Night Music April-May 2013	Guildlings Show Summer 2013
Costumes							
Dresser (show night)							
Makeup / Hair							
Set Decorating							
Props							
Set Painting							
Set Construction							
Set Design							
Stage Hand							
Stage Manager							
Technical Director							
Lights / Sound							
Intermission							
After Glow							
Cast & Crew Party							
Ushering							
50 / 50 Raffle							
Tickets							
Publicity							
Programs/Advertising							
Directing *							
Producing *							
Choreography *							
Musical Directing *							
Other							

^{*} Subject to Casting Committee approval

Through my membership in The Players Guild of Dearborn, I agree to promote and foster community interest in drama in all of its forms. Further, I commit to fulfilling my obligations as a Member during the 2012-2013, as specified by the Bylaws of the Players Guild of Dearborn.

Signature:		Date:		
Please return to:		For Office Use Only		
Membership Governor	Payment Type:	Received:		

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Tor Office Ose Offiy				
Payment Type:	Received:			
Check Date:	Approved:			
Deposit Date:	Notified:			