



Concord Players 2024-2025 Membership Form

Please return this form by **September 30, 2024** with your check for \$25 payable to *Concord Players* and mail to:

Concord Players Membership
PO Box 22
Concord, MA 01742

Please print legibly and provide your information as you would like it to appear in the annual membership book.

Membership Type: ____ Individual Membership (one name per form) ____ Household Membership (two adults at the same mailing address)

Name(s): _____

Address: _____

City/Town: _____ Zip Code: _____

Phone: (_____) _____

Email 1: _____

Email 2: _____

____ I do not wish to be included in the membership book or online (*Your information is for our use only. We will not publish it.*)

Would you be interested in participating in one of our volunteer activities? Please select all in which you have interest.

Producing	Sound Board Operator
Stage Directing	Music Directing
Stage Managing or Assistant Stage Managing	Light Board Operator
Set Design	Backstage Costume help
Set Construction	Hair Design
Light Design	Makeup Design
Sound Design	General Backstage Crew
Costume Design	House Managing
Sewing Costumes	Ushering
Painting Sets	Box Office
Scenic Artistry	Acting: Plays
Set Dressing	Acting: Musicals
Props Design/Coordination	Special Events Organization
Publicity (writing press releases, social media, hanging posters)	Membership Committee
Show Programs: Layout	Graphic Design
Show Programs: Ad Sales	Baking / Prep for Events
The World's A Stage Players (Shakespeare troupe)	Traveling Players
Play/Director Selection Committee	Serving on the Board of Directors
Other (1) _____	Other (2) _____

Amount enclosed for membership: \$ _____

Total enclosed: \$ _____

Optional tax-deductible donation: \$ _____