**READING COMMUNITY PLAYERS**

# MEMBERSHIP FORM

# 20       SEASON

# (Season runs January 1 – December 31)

**You must be a member of the theatre to participate in RCP productions.**

*PLEASE COMPLETE AND MAIL THIS FORM TO*:

Reading Community Players / Membership Chair

P.O. Box 13425 Reading, PA 19612-3425

or

Return to your show director/producer

or

 Complete online and email to **RCPtheatre@gmail.com**

RCP YEARLY MEMBERSHIP DUES:      $30.00 FAMILY MEMBERSHIP

      $20.00 ADULT MEMBER

     $10.00 STUDENT MEMBER

 (Non-Voting under age 18)

## NAME:       DATE

## ADDRESS

## CITY:       STATE      ZIP

## HOME PHONE:       CELL:

EMAIL:       BIRTHDATE:      /      /\_

 Month Day Year

## I would be interested in helping out at the theater doing the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  Set Building/Strike |  Concession Stand |  Box Office |  Publicity |
|  Making Costumes |  Lighting/Sound |  Maintenance |  \_\_\_\_ Web design |

 Other skills I can offer: \_

**YOUR FINANCIAL SUPPORT IS ANOTHER WAY TO ASSIST THE THEATER**

**PATRON ($10)** **BOOSTER ($25)**

**SPONSOR ($50)**

**ANGEL ($100)**

**ARCHANGEL ($500)** **SAINT ($1000 OR MORE)**

I’d like my contribution/name to appear in programs as: (please print below)

\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT ENCLOSED: $