

Bay Players Membership Form

General Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Email _____

Membership Category (check one)

_____ Whitefish Bay resident (\$10)

_____ Non-resident (\$13)

Please make checks payable to ***Bay Players*** and mail to:

Bay Players
1200 E. Fairmont Ave.
Whitefish Bay, WI 53217

Special Area of Interest (check any that you would like to participate in or would like further information on – no experience necessary)

_____ **Set Construction**

_____ **Stage Manager**

_____ **Publicity**

_____ **Properties**

_____ **Ushering**

_____ **Other (Please specify)**

_____ **Painting**

_____ **Costumes**

_____ **Box Office**

_____ **Asst. Director**

_____ **Acting**
