

CentreStage Theatre Membership Application

Name: _____

Mailing Address: _____

Civic Address: _____

Home Telephone: _____

Cell Phone: _____

E-mail: _____

Do you want to receive copies of the minutes of future Board meetings? Yes No

Do you want to be informed of all Board meetings? Yes No

Your interests: (blacken the little circles)

Acting

Sound

Singing

Costumes

Puppetry

Workshops

Make-up

Set construction

Directing

Props

Lighting

Advertising

Stage managing

Marketing

Art work

Publicity

Photography

Other _____

Send your application form and the \$10 membership fee to

CentreStage Theatre Society
Attention Membership Committee
PO Box 742
Kentville NS B4N 3X9