



Providence Players
OF FAIRFAX

MEMBER PROFILE

Name _____ Phone (h) _____
 Address _____ (w) _____
 Address2 _____ (c) _____
 City _____ Email (h) _____
 State _____ Zip _____ (w) _____

Are you a season ticket holder? Yes No
 Are you a donor? Yes No

Areas of interest and/or experience. Check as many as you wish. (checking a box does not commit you).

- | | | |
|---|--|---|
| <input type="checkbox"/> Actor | <input type="checkbox"/> Make-up | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Director | <input type="checkbox"/> Hair | <input type="checkbox"/> Grant-writing |
| <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Seamstress | <input type="checkbox"/> Events/Parties |
| <input type="checkbox"/> Tech. Director | <input type="checkbox"/> Set construction | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Musical Director | <input type="checkbox"/> Set decoration | <input type="checkbox"/> Season brochure |
| <input type="checkbox"/> Producer | <input type="checkbox"/> Fight choreography | <input type="checkbox"/> Playbill |
| <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Workshops | <input type="checkbox"/> Play readings |
| <input type="checkbox"/> Set Designer | <input type="checkbox"/> Marketing | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Costume Designer | <input type="checkbox"/> Publicity | <input type="checkbox"/> Other |
| <input type="checkbox"/> Light Designer | <input type="checkbox"/> Diversity/Inclusion | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Props | <input type="checkbox"/> Audience Develop | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Photography | <input type="checkbox"/> I am interested in a |
| <input type="checkbox"/> Sound | <input type="checkbox"/> Box office | <input type="checkbox"/> Board position |
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Ushering | |

Comments or questions:

Members pay annual dues of \$25 per individual and \$60 as a family (three or more.)

Please return with payment to:
 Providence Players of Fairfax
 Attn: Membership
 P.O. Box 2393
 Fairfax, VA 22031