



# **HOPE REP THEATRE GUILD MEMBERSHIP**

*Founded in 1980*



## THEATRE GUILD MEMBERSHIP FORM

Name(s) \_\_\_\_\_

Additional name(s) \_\_\_\_\_

(You may use one membership form for multiple family members. Please include their names on the lines provided.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### I am interested in:

\_\_\_\_ Ushering (\*Complete Ushering Form)

\_\_\_\_ Food for Starving Artists

\_\_\_\_ Sustaining Membership

### YES, I WANT TO BE A PART OF THE THEATRE GUILD!

(All membership fees are tax deductible as a charitable contribution)

**Basic Membership:** # \_\_\_\_\_ x \$30.00 per person = \$ \_\_\_\_\_

**Couple Membership:** # \_\_\_\_\_ x \$50.00 per couple = \$ \_\_\_\_\_

**Sustaining Membership:** # \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Total Due:** = \$ \_\_\_\_\_

## **\*THEATRE GUILD USHERING FORM**

*To choose your dates to usher, return your membership form with payment prior to April 28th and indicate the dates and times you are interested in ushering in order of preference. Dates will be assigned based on the date your form is returned. No dates will be assigned until April 29th.*

All ushers must be members of the Theatre Guild at some level.

Please sign up for one (1) performance for each title and one (1) alternate spot per title.

Please see below for theatre locations and number of ushers needed in each space.

### **Tuck Everlasting**

Dewitt Theatre (4-6 ushers)

1.Date\_\_\_\_\_ Time\_\_\_\_\_

2.Date\_\_\_\_\_ Time\_\_\_\_\_

3.Date\_\_\_\_\_ Time\_\_\_\_\_

4.Date\_\_\_\_\_ Time\_\_\_\_\_

### **Boeing Boeing**

Dewitt Theatre (4-6 ushers)

1.Date\_\_\_\_\_ Time\_\_\_\_\_

2.Date\_\_\_\_\_ Time\_\_\_\_\_

3.Date\_\_\_\_\_ Time\_\_\_\_\_

4.Date\_\_\_\_\_ Time\_\_\_\_\_

### **Rock of Ages**