## **Membership Application / Renewal Form 2025**

NAME:		New Member Renewal
MAILING	ADDRESS:	Notifications:
		D <sub>by Email</sub> D <sub>by Phone</sub>
PHONE #	t:	
		MITTER
CELL #:		Theatre Morin Heights
EMAIL:		
As a member of Theatre Morin Heights, you will have the opportunity to fully participate in all activities. As a non-profit, volunteer, community organization, Theatre Morin Heights is dependent on the invaluable time and efforts of its membership in continuing to be successful. All members are encouraged to help us towards the organization's goal of providing quality theatre experiences. <b>Annual Membership is \$20 and is valid to December 31, 2025.</b>		
I am interested in volunteering:		
	Acting on Stage	
	Behind Scenes Production:	
	(Script Assistant, Set Design, Set Construction, Pain Design, Décor, Costume Design, Sewing, etc.)	ting, Lighting/Sound
	Deolgii, Decel, Cectame Deolgii, Cennig, etc.)	
	Play Reading (Participate or Attend)	
	Other/Comments:	