

Membership Form

Name:		Telephone:		
Mailing Address:				
E-mail Address:				
Age: Over 18 OR	specify age (under	r 18 non-voting member	r)	
I prefer immediate communication by: E-mail OR telephone				
Members will receive notification of the Annual General Meeting. You will receive your membership card at that meeting, or by mail shortly afterward.				
I understand that this information will be provided to members of King's Town Players only for the purpose of contacting me concerning meetings of the members and opportunities to participate in the activities of King's Town Players, and that my name will be removed when I cease to be a member.				
Date:	Name:			
If you would also like to perform or participate in any KTP productions, also complete a Volunteer				
Form to ensure that you will be notified when you are needed.				
Annual Membership Fee				
Individual Membership			\$20.00	
Family of one or two adults and their children/youth/students.				
(Please complete one form for each family member and attach together.)			\$35.00	
Donations				
	preciated to help us with da	ay to day operation of		
company.			My donation	
			Total Payment	
Please pay online using PayPal and submit this form by email to info@kingstownplayers.com				
Thank you for becoming a Player!				