



Membership Application

New membership Renewal

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____ APT# _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

E-mail address: _____ Date of Birth: ____ / ____ / ____

ACTIVITIES

Please select the following activities that interest you:

- | | |
|--|---|
| <input type="checkbox"/> Theater/Acting workshops | <input type="checkbox"/> Socials (Picnics, Pub Sings, etc.) |
| <input type="checkbox"/> Dance workshops | <input type="checkbox"/> Renaissance Faires |
| <input type="checkbox"/> History workshops | <input type="checkbox"/> Renaissance-themed events |
| <input type="checkbox"/> Other (please specify): _____ | |

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Website: _____ | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Print advertisement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Newsletter | |

ANNUAL MEMBERSHIP RATES *(Please circle one)*

\$12 Adult

\$5 Student

Note: Each member must submit an individual form. Membership is based on a 12-month term, beginning on the date you join. Please enclose payment with this form, as membership dues must be received for membership to take effect.

Payment Method: Cash Check: _____

Signature: _____ Date: _____