

## MEMBER FORM 2024

MEMBER INFORMATION				
Name: (last) (first)				
Mailing address:				
City:		State:	ZIP C	Code:
Phone: (H or Wk)		(mobile	e)	
Email:				
MEMBERSHIP				
I wish to be a member of the Bucks County Gilbert & Sullivan Society:				
☐ Adult: \$45.00 ☐ Student: \$20.00 ☐ Family (2 or more people): \$75.00				
Supporting members who do not participate in the main show receive ONE COMPLIMENTARY TICKET to the Main Show. Members in good standing are eligible to fully participate in the productions, whether this be on stage, in the orchestra, backstage, or in a ministerial or administrative role. In addition, members are entitled to vote at our business meeting, to hold office, and to audition for roles in any of our productions.				
You may pay by check and mail to the address below. Or pay online by credit card or Paypal by clicking on the DONATE button at the top of our homepage at <a href="http://www.bucksgilbertandsullivan.org/">http://www.bucksgilbertandsullivan.org/</a> If you pay online, please note on the donate screen that your payment is for Membership Dues.				
Make checks payable to BCGSS  And return with this form to:  BCGSS, PO Box 455, Doylestown, PA 18901				
I WANT TO PARTICIPATE THIS SEASON IN the FOLLOWING WAYS (check all that apply):				
□ Chorus : □	Soprano	Alto	□ Tenor	□ Bass
☐ Principal vocal rang	ge:		□Understudy	
☐ Orchestra instrume	nt:		☐ Accompanist	
SHOW COMMITTEES:			ONGOING COMMITTEES:	
☐ Box Office	□ Costumes	□Ticket Sale	es	☐ Fundraising
☐ Concession Stand	□ Props	☐ Senior (	Outreach	☐ Website/Facebook
□ Usher	☐ Make-up / Hair	□ Playbill	– Ad Sales	☐ Senior Outreach
☐ Publicity - Posters	☐ Sound	☐ Photogr	apher	☐ Board Member
☐ Set Building	☐ Lights	☐ Video/D	VD	
□Backstage Crew	☐ Load in & out	□ Other -		