BUCKS COUNTY
GILBERT & SULLIVAN
SOCIETY

MEMBER FORM 2019

MEMBER INFORMATION

Name: (last)	(first)	
Mailing address:		
City:	State:	ZIP Code:
Phone: (H or Wk)	(mobile)	
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.

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 range: _____		☐Understudy	
☐ Orchestra	instrument: _____		☐ Accompanist	
SHOW COMMITTEES:				***ONGOING COMMITTEES:***
☐ Box Office	☐ Costumes	☐Ticket Sales		☐ Fundraising
☐ Concession Stand	☐ Props	☐ Senior Outreach		☐ Website/Facebook
☐ Usher	☐ Make-up / Hair	☐ Playbill – Ad Sales		☐ Senior Outreach
☐ Publicity - Posters	☐ Sound	☐ Photographer		☐ Board Member
☐ Set Building	☐ Lights	☐ Video/DVD		
☐Backstage Crew	☐ Load in & out	☐ Other - _____		