

MEMBER FORM 2021

MEMBER INFORMATION				
Name: (last) (first)				
Mailing address:				
City:		State:	ZIP C	ode:
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				
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 Al	lto	□ Tenor	□ Bass
☐ Principal vocal range:			□Understudy	
□ Orchestra instrument: □ Accompanist				
SHOW COMMITTEES:				ONGOING COMMITTEES:
☐ Box Office	□ Costumes	☐Ticket Sale	es	☐ Fundraising
☐ Concession Stand	□ Props	☐ Senior C	Outreach	☐ Website/Facebook
□ Usher	☐ Make-up / Hair	□ Playbill	– Ad Sales	☐ Senior Outreach
☐ Publicity - Posters	☐ Sound	□ Photogr	apher	☐ Board Member
☐ Set Building	☐ Lights	□ Video/D\	/D	
□Backstage Crew	☐ Load in & out	□ Other		