



# BUCKS COUNTY GILBERT & SULLIVAN SOCIETY

## MEMBER FORM 2022

### 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.

☐ I confirm that I have been vaccinated against Covid. If I develop Covid symptoms I will be tested and stay away from rehearsal until receiving a negative test.

**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):

<input type="checkbox"/> Chorus :	<input type="checkbox"/> Soprano	<input type="checkbox"/> Alto	<input type="checkbox"/> Tenor	<input type="checkbox"/> Bass
<input type="checkbox"/> Principal	vocal range: _____		<input type="checkbox"/> Understudy	
<input type="checkbox"/> Orchestra	instrument: _____		<input type="checkbox"/> Accompanist	
<b>SHOW COMMITTEES:</b>				<b>ONGOING COMMITTEES:</b>
<input type="checkbox"/> Box Office	<input type="checkbox"/> Costumes	<input type="checkbox"/> Ticket Sales	<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Props	<input type="checkbox"/> Senior Outreach	<input type="checkbox"/> Website/Facebook	
<input type="checkbox"/> Usher	<input type="checkbox"/> Make-up / Hair	<input type="checkbox"/> Playbill – Ad Sales	<input type="checkbox"/> Senior Outreach	
<input type="checkbox"/> Publicity - Posters	<input type="checkbox"/> Sound	<input type="checkbox"/> Photographer	<input type="checkbox"/> Board Member	
<input type="checkbox"/> Set Building	<input type="checkbox"/> Lights	<input type="checkbox"/> Video/DVD		
<input type="checkbox"/> Backstage Crew	<input type="checkbox"/> Load in & out	<input type="checkbox"/> Other - _____		