



MEMBERSHIP FORM

Name: _____ Date: _____

Mailing Address: _____

Telephone: Home: _____
Office: _____
Fax: _____

E-mail Address: _____

Membership Rates: Regular: \$20.00/yr _____ Students: \$10.00/yr _____
(July – June)

Please mail your payment to: **Jim Palmer**
1336 Clara Avenue
Pittsburgh, PA 15234

Please let us know of your interests:

Acting _____

Box Office _____

Directing _____

Stage Hands _____

Set Design _____

Concessions _____

Set Construction _____

Costumes _____

Stage Managing _____

Other _____

Name : _____

Telephone: _____

E-mail: _____