

# NORTON SINGERS

COMMUNITY THEATRE SINCE 1945

## Membership Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Home/Other E-Mail: \_\_\_\_\_

Is this a SINGLE ( ) or FAMILY ( ) membership application?

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THE FOLLOWING:

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

What talents do you have that would help the Norton Singers or areas you could assist in?

Web Development  Marketing  Public Relations  Audio/Video Production

Sales  Equipment/Props  Set Construction  Tickets  Membership

MEMBERSHIP DUES ARE \$50 FOR AN INDIVIDUAL AND \$100 FOR A FAMILY PER YEAR. BY SIGNING, YOU AGREE TO THIS AMOUNT. DUES ARE PAYABLE BY THE SECOND WEEK YOU JOIN. NOTE: RECEIVING A ROLE IS CONTINGENT ON DUES BEING PAID.

ANNUAL DUES RUN FOR ONE YEAR FROM DATE OF PAYMENT

I give the Norton Singers, the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet), or other form of promotion. I release the Norton Singers, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

Mail Completed Application to:  
Norton Singers c/o Teri Fleming  
PO Box 343  
Norton, MA 02766

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TREASURER: \_\_\_\_\_ MEMBERSHIP: \_\_\_\_\_ MAILING LIST UPDATED: \_\_\_\_\_