



SINGLE SHOW (Cast/Crew) MEMBERSHIP FORM

This membership is required as a minimum for all cast and crew for insurance purposes. Does not entitle the person to any other membership benefits

Name: _____

Address: _____

Phone #: _____

e-mail address: _____

By providing this email address, I agree to receive communications from Vagabond Theatre through email. Your initials: _____

Vagabond Theatre is committed to using personal information in a respectful and useful way. Vagabond Theatre will never disclose personal information to any third party; it will not sell, trade or rent personal information to other organizations or individuals.

Please note that Vagabond Theatre may choose to use a photo with your image in it when producing promotional information including posting to the Vagabond Theatre website (full address shown below).

Please indicate your level of support:

- Individual show membership \$10.00 – only good to provide insurance coverage for the current production being worked on. **No other membership privileges included.**

Name of the show: _____

Areas of interest where you will be helping us:

- Backstage: props, lighting, sound, stage hand...
 Production staff: director, producer, publicity...
 Cast: performers for shows
 Other: (please indicate) _____

Your signature indicating you agree to the above conditions: _____

Today's date: _____

Membership form and monies will be collected by Vagabond Board Membership Director.

All cast and crew are encouraged to become full members instead of only becoming show members.