



South Shore Players MEMBERSHIP APPLICATION

APPLICANT'S NAME: _____

PARENT'S/GUARDIAN'S NAME: _____

(Required for applicants <17 yrs)

E-MAIL ADDRESS: _____

(Please print clearly. If you do not have an e-mail address, please provide your mailing address instead)

PHONE (H): _____ PHONE (W): _____ PHONE (C): _____

YEAR OF BIRTH*: _____

(*Applicant's year of birth is required to determine the type of membership [Full 17yrs+ or Associate <17yrs]. As well applicants <19 will be required to have a guardian sign an **Image Consent Form**)

AREAS OF INTEREST: Please ✓ all boxes that are applicable

On-Stage

Acting Dancing (List Styles) _____

Singing Accompaniment (List Instruments) _____

Off-Stage

Costumes Lighting/Sound Make-Up/Hair Props

Set Construction Set Design Set Painting Stagehand

Misc

Directing/Assistant Producer/Assistant Stage Manager/Assistant

Marketing/Publicity Front-of-House Ticket Sales

Other

Please list _____

Please return completed form via email at SouthShorePlayers1993@gmail.com or mail to:
South Shore Players, 100 High St, Suite 245, Bridgewater, NS B4V 1V9

Membership is valid for life unless the applicant/member requests to be removed from the list. There is a \$10.00 administration fee for processing membership. Payments via:

- **Cheque** – Please make your cheque payable to **South Shore Players** and mail it with your form to the address listed above. Please **do not send** cash in the mail.
- **Credit Card/PayPal** – Please visit our website at SouthShorePlayers.ca and click on **Become a Member** (bottom of the page). You will need to complete the online membership form then click **Submit** to proceed to the payment page.
- **eTransfer** – Payment via eTransfer is a two-step process:
 1. Send your eTransfer to sspTreasurer1993@gmail.com then
 2. Send a separate email to SouthShorePlayers1993@gmail.com and include the answer to your security question