GCP PERSONNEL: PLEASE RETURN THIS FORM TO CRAIG ZEESE WHEN COMPLETED.

GRATIOT COUNTY PLAYERS

MEMBERSHIP APPLICATION

And Volunteer Record

This form needs to be filled out one time only for each member.

Name: _____

Address: _____

City/ZIP: _____

Phone: _____

E-Mail: _____

Date signed: _____

Would you like to be contacted during the year to assist with various aspects of the theater operation such as working concessions, ushering, assisting with sets, props, or other duties? YES NO

Please list your involvement with Gratiot County Players in the past.

Date Activity

_____

_____

_____

_____

_____

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