



Vagabond Players Membership Form

PO Box 51075 8697 10th Ave. Burnaby, BC, V3N 2S9

Name: _____ Birthday (Optional): _____
 Address _____ City _____ PC _____
 Ph (H): _____ Ph (C): _____
 Email: _____
 Twitter: @ _____ Be sure to follow @VagabondPlayers! #TeamFollowBack

Membership entitles you to vote at meetings, participate in all shows/events, and includes one complimentary admission to a members' gala and post-show reception of your choice for that season.

Membership - \$15.00 Cash: Cheque: Date Paid: _____
 Memberships expire July 31 of each year unless otherwise noted.

We run on members volunteering their time and talents! Members are encouraged to participate in every area of theatre production, and we have opportunities at every skill level. Please indicate any areas of particular interest:

- Front of House (Usher, Concession, 50/50 sales, Box Office, House Manager)
- Props Props Asst. Costumes Publicity
- Stage Manager Asst. Stage Manager Directing Producing
- Set Design Set Decoration Set Painting Set Construction
- Lighting and/or Sound Design Lighting and/or Sound Operation

Contact us at inquiries@vagabondplayers.ca for more information or to let us know how you would like to get involved. **Mailing address is: Box 51075, 8697 10th Ave. Burnaby, BC V3N 2S9**

Summary and Signature Agreement

I agree not to hold Vagabond Players Society and its members and/or The Bernie Legge Theatre or the City of New Westminster and its employees, responsible for any personal injury or damage to personal property, relating to the activities sponsored by Vagabond Players and/or held at The Bernie Legge Theatre or other areas of the City of New Westminster. This includes injury or damage related to the use of hand tools, equipment, and power tools belonging to the society. Information provided on this form will be used solely for communications relating to the management and activities of the Vagabond Players and The Bernie Legge Theatre. I acknowledge by signing below that I have read and agreed to the above notice.

Signature: _____ Date: _____



Vagabond Players Membership Receipt

Name: _____
 Membership Expiry Date: _____ Paid: \$15.00 Cash Cheque # _____

Don't forget to let us know in what areas you wish to help us out and any questions regarding your membership should go to inquiries@vagabondplayers.ca.

Thank you for your support! See you around the theatre!