



# Membership Form

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

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

Major: \_\_\_\_\_

Contact Info:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

OK to text:    Yes \_\_\_\_\_                  No \_\_\_\_\_

Area of Interest:

Writing: \_\_\_\_\_

Directing: \_\_\_\_\_

Acting: \_\_\_\_\_

Tech: \_\_\_\_\_

Event Planning: \_\_\_\_\_

Community Outreach: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_