

Date: _____



Application for Membership

(Must be 18 years or older)

Name and Preferred Pronouns: _____

Home Address: _____

City, State, Zip Code: _____

Phone (best number to be reached): _____

Email Address: _____

Select the area(s) in which you would like to participate:

Please note: Training is available in many of these areas if you are interested but lack experience.

- | | | |
|---|---|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Props | <input type="checkbox"/> Make Up |
| <input type="checkbox"/> Music Director | <input type="checkbox"/> Selling Refreshments | <input type="checkbox"/> Website/Social Media |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Spotlight Operator | <input type="checkbox"/> Costume Construction |
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> Lighting Board | <input type="checkbox"/> Copy Editing |
| <input type="checkbox"/> Costume Design | <input type="checkbox"/> Flys/Rail System | |
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Art Work | |
| <input type="checkbox"/> Lighting Design | <input type="checkbox"/> Stage Crew | |

Select the Committee(s) you would like to participate:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Playbill | <input type="checkbox"/> Subscription Drive | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Play Selection | <input type="checkbox"/> Tickets | |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Grants | |

SPONSORS*:

*Must be signed by (2) Little Theatre Members in Good Standing

1) _____ 2) _____

Please list previous theatrical experience* (or attach resume if available):

*Please Note: Previous theatrical experience is not mandatory for membership

ROLE	SHOW	COMPANY	YEAR
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Please list any technical experience (non-acting):

Special skills (e.g., scenic painting):

Please return this form to the Membership Chair (David Faria, 336 Main Road Tiverton, RI 02878) or any LTFR Board member with payment. Payment can be made by check, money order, or Venmo (@littletheatreoffallriver).

Standard Membership*: \$35.00 includes one-year membership dues plus ticket discount

Student Membership: \$20.00 includes one-year membership dues plus ticket discount

***Included in this membership is two free tickets to Little Theatre’s 2024-2025 Firebarn season.**

X	SHOW	THU	FRI	SAT	SUN	THU	FRI	SAT	SUN
	Little Shop of Horrors (Oct 2024)								
	Scrooge in Rouge (Dec 2024)								
	All My Sons (Jan 2025)								
	Baby (Mar 2025)								
	God of Carnage (Jul 2025)								
	Calvin Berger (Aug 2025)								

If you have any questions, please email us at: Membership@littletheatre.net