



Membership Form & Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

You will automatically be added to the "Members" and "Show" Mailing Lists

Would you like to be on the Audition Mailing List? Yes No

Would you be interested in assisting with a Production? Yes No

In what way? _____

Membership Type (circle one – see descriptions below)

Individual Family Patron Benefactor Angel Archangel

Amount Enclosed: _____

(Make checks payable to "Bay Players, Inc." and mail with this completed form to the address below)

(Keep this portion for your records)

Bay Players Mailing Address:

Bay Players, Inc
P.O. Box 1949
Duxbury, MA 02331

Bay Players Phone:

781-269-9885

Bay Players Web Site:

www.bayplayers.org

Membership Levels, Contributions, and Benefits:

Level	Amount	# Complimentary Tickets per Show
Individual	\$ 25.00	1 ticket
Family	\$ 45.00	2 tickets
Patron	\$ 75.00	2 tickets
Benefactor	\$100.00	4 tickets
Angel	\$200.00	6 tickets
Archangel	\$500.00	8 tickets