



Spotlight Players Membership Application

Today's Date / /

Please complete the flowing information & enclose \$50.00 (or adjusted total)
(cash, check or Money Order payable to **Spotlight Players**)

Note: Limited Voting Rights for Members under the age of 18

Send to: **Spotlight Players | P.O. Box 87821 | Canton, MI 48187**

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Birthday (if under 18): _____

Email: _____ (Parent/Guardian's Email if under 18 years old)

By signing this form, you agree to abide by the Polices & Practices of Spotlight Players.

(Parent/Guardian Signature for members under 18.)

Signature: _____

My Interests Are: *(Circle all that apply)*

Acting	Singing	Dancing	Producing (<i>Show</i>)		
Directing (<i>Stage</i>)	Stage Manager	Publicity	Costumes	Hair/Makeup	Choreography
Directing (<i>Music/Orchestra</i>)	Musician	Sound	Lighting	Set Design	Set Construction
Backstage	Anything Needed				

- Yes, I would like to make a \$10 donation in addition to my membership of \$50
- Yes, I would like to donate \$ _____ in addition to my membership of \$50

THIS FORM MUST BE ACOMPANIED WITH A SIGNED CODE OF CONDUCT AND CHILD PROTECTION POLICY (Available on Spotlightplayersmi.org website)

MEMBERSHIP cannot be approved without the above documents.

Any member who violates our Code of Conduct or published Polices is subject to discipline, up to and including removal as a member of Spotlight Players. The Spotlight Board reserves the right to revoke membership of any members who violate our Policies.

Spotlight Players Use Only

Received by: _____ Signed & Witnessed Required Polices Date: / /

Payment Method: Cash Check (Check # _____) Money Order



Spotlight Players Membership Application Receipt *(This section to be returned to Member)*

Member Name: _____ Received by: _____ Date: / /

Payment Method: Cash Check (Check # _____) Money Order