



LIMELIGHT THEATRE GUILD

Application for Membership and Volunteer Opportunities

September 2015 – August 2016 Season

New

Renewal

Name (print): _____ Phone#: _____

Address: _____

City, State, Zip: _____

Email: _____

Birth Month: _____

Spouse's Name: _____

Today's Date _____

Are you interested in ushering or bartending? YES NO

Tell us about any special activity that you would like to be involved in such as publicity, photography, computers, telephone committee, set building or painting, sewing costumes, or something else.

Please return completed application form with a check in the amount of \$25.00 to:
Limelight Theatre Guild, Attn: Membership,
11 Old Mission Ave, St. Augustine, FL 32084