THEATRE KELOWNA SOCIETY

421 Cawston Avenue Kelowna, BC V1Y 6Z1

MEMBERSHIP APPLICATION

Official use only

Membership $10.00 Paid: _____

Date: _____

All cast and crew on a TKS production MUST be a member in good standing.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ **Prov.:** _____ **Postal Code:** _____

PHONE: Prime: _____ **Other:** _____

Email: _____ **Birthdate:** _____
YYYY / MM / DD

Would you like to receive TKS newsletter? **Yes:** _____ **No:** _____

Would you like to be informed of future auditions and backstage positions? **Yes:** _____ **No:** _____

In which area would you like to participate with Theatre Kelowna Society?

Sponsor: _____ Direct: _____ Produce: _____ General/technical help: _____

Administrate: _____ Write: _____ Archive: _____ Co-ordinate an event: _____

Front of House: _____ Actor: _____ Vocalist: _____ Musician: _____

Computer / Social media: _____ Instruments: _____

How would you like to help?

_____

_____

List previous experience with Theatre Kelowna or other theatres.

_____

_____

Do you have other related experience.

_____

_____

Please describe any allergies, injuries, or special health considerations.

_____

Emergency Contact

Name: _____ **Phone:** _____

Parent/ Guardian consent for persons under12.

Parent/ Guardian Name: _____ **Signature:** _____

Member Signature: _____ **Date:** _____

A requirement of the Societies Act is that we have a membership list with contact information.

We will provide our member's name with email or phone number. **Check** email _____ **or** phone _____

Thank you and welcome to Theatre Kelowna Society

Website: **https://www.theatrekelownasociety.org/** email: **tksmail8@gmail.com**