

Won't You Join Us! Send this application in with your 2010 membership

Name _____
(as you would like it to appear in the play programs & brochure)

Address _____

Phone _____

Island Phone (if different from above) _____

e-mail address _____

Angel \$500+ _____ **Foundation \$50** _____

Benefactor \$250 _____ **Friend \$25** _____

Patron \$100 _____

Special Contribution to Dramatic Arts in Education \$ _____

Memorial \$ _____ **in memory of** _____

Foundation membership or higher assures businesses and organizations free advertising in our programs. Please include a business card or logo.

I would like to volunteer my time in the following areas:

Dramatic Arts in Education _____ **Acting Camp** _____

Directing _____ **Producing** _____ **Performing** _____

Play Reading _____ **Fundraising** _____ **Stage Maming** _____

Set Construction _____ **Lights** _____ **Sound** _____

Props _____ **Costumes** _____ **Tickets/Ushering** _____

*Make checks payable to **Island Players, Inc.** and send to:*

**Island Players
PO Box 160
Washington Island, WI 54246**

