

Joliet Drama Guild Membership Form

(* optional)

Name: _____ Date: _____

Address: _____ Apt./Suite: _____

City: _____ State: _____ ZIP: _____

*Phone: (____)____-____ *Cell Phone: (____)____-____

*Work Phone: (____)____-____ *Other: _____

*E-mail Address: _____

How did you hear about the JDG? _____

Areas of Interest: ()Acting ()Directing ()Tech ()Lights ()Sound
()Set ()Music/Voice ()Costume () Publicity
() Advertising Sales () Fundraising

Membership Rates: ()\$15/Single ()\$20/Couple ()\$25/Family

Received: ()Cash ()Check#_____ By: _____

JDG Membership Receipt (Visit jolietdramaguild.org)

Membership Rates: ()\$15/Single ()\$20/Couple ()\$25/Family

Received: ()Cash ()Check#_____ By: _____

P.O. Box 2904 Joliet, IL 60434