



Membership

Your Name _____
Please Print

Your Address _____
Street City or Town State Zip Code

Home Phone _____ **Work Phone** _____

Email _____

May this information be published in our membership directory: Yes No

Please check *all* areas in which you would be interested in participating:

Performing Stage Crew Costumes Publicity

House Sound Lights Ticket Sales

Mailings Other (Please specify) _____

Please submit this application with your check payable to The Mystic Players in payment of the membership fee to:

The Mystic Players, Inc.
P.O. Box 560171
Medford, MA 02156

Membership Fees:

Single Member \$15.00
Family \$25.00